DOCUMENT RESUME

ED 358 073 SP 034 553

AUTHOR	Richards, J. Scott; And Others
TITLE	Preventing Injury: A Safety Curriculum. Preschool-Kindergarten.
INSTITUTION	Alabama Univ., Birmingham.; ETR Associates, Santa Cruz, CA.
SPONS AGENCY	National Inst. on Disability and Rehabilitation Research (ED/OSERS), Washington, DC.
REPORT NO	ISBN-1-56071-115-9
PUB DATE	92
CONTRACT	H133D80022
NOTE	145p.; For related documents, see SP 034 554-556.
AVAILABLE FROM	ETR Associates, P.O. Box 1830, Santa Cruz, CA 95061-1830 ($24.95).
PUB TYPE	Guides - Classroom Use - Instructional Materials (For Learner) (051) -- Guides - Classroom Use - Teaching Guides (For Teacher) (052)
EDRS PRICE	MF01/PC06 Plus Postage.
DESCRIPTORS	*Accident Prevention; Bicycling; *Class Activities; Curriculum Guides; Early Childhood Education; *Early Intervention; *Head Injuries; Health Promotion; Kindergarten; Learning Activities; Pedestrian Traffic; Playgrounds; *Safety Education; Self Efficacy; Student Behavior; Teaching Guides
IDENTIFIERS	*Spinal Cord Injuries; Water Accidents; Weapons

ABSTRACT

The focus of this curriculum is on prevention of spinal cord injury (SCI) and traumatic brain injury (TBI). The program is aimed at young children because it is during the early years that behavioral patterns are formed which become increasingly more difficult to modify as the child enters adolescence. The curriculum is based on principles of child development, early childhood education, and prevention psychology. It is designed to increase children's perceptions of vulnerability to SCI or TBI, the severity of the problem, response efficacy, and self-efficacy; to help students gain enhanced understanding of cause-effect relationships and the rationale for safety principles; and to enhance the perception that safe behavior is smart. The curriculum includes behavioral rehearsal, practice, and interactive elements with reinforcement to enhance learning. This guide for preschool and kindergarten is organized into 8 units: Spinal Cord and Brain Injury Awareness, Motor Vehicle Safety, Pedestrian Safety, Bike Safety, Playground and Recreational Sports Safety, Preventing Falls, Weapons Safety, and Water Safety. The guide concludes with information on additional resources (films and videotapes, national programs, spinal cord injury care systems, traumatic brain injury care systems, and comprehensive head injury prevention and rehabilitation centers). The greater part of the curriculum is made up of reproducible illustrations for students. (LL)

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Preventing Injury

A Safety Curriculum

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Preschool-Kindergarten

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Preventing Injury

A Safety Curriculum

Preschool–Kindergarten

Developed by
The University of Alabama at Birmingham
Department of Rehabilitation Medicine
Spain Rehabilitation Center

ETR ASSOCIATES
Santa Cruz, California
1992

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Published by ETR Associates, P.O. Box 1830, Santa Cruz, CA 95061-1830.
Title No. 547
ISBN 1-56071-113-2
Printed in the United States of America
10 9 8 7 6 5 4 3 2 1

This project was made possible by funding from the National Institute on Disability and Rehabilitation Research (NIDRR), U.S. Department of Education, Grant Number H133D80022.

Contents

Introduction v

Curriculum Units:

I. Spinal Cord and Brain Injury Awareness 1

II. Motor Vehicle Safety 43

III. Pedestrian Safety 67

IV. Bike Safety 91

V. Playground/Recreational Sports Safety 107

VI. Preventing Falls 123

VII. Weapons Safety 139

VIII. Water Safety 153

Resources 171

INTRODUCTION

Because few injuries are as physically and emotionally devastating as spinal cord injury (SCI) and traumatic brain injury (TBI), the focus of this curriculum is on those kinds of injuries. Most of the activities included in *Preventing Injury: A Safety Curriculum* have potential applications and impacts for other trauma prevention in children. Nevertheless, the focus here is on prevention of spinal cord injury and traumatic brain injury because it is likely to be more comprehensible to children since it is more concrete, and because there are few other injuries short of those leading to death, in childhood, which are more worthy of prevention efforts.

The curriculum's operating assumption is that if awareness of catastrophic injury can be established early in children's lives, as well as knowledge of ways to avoid such injury, they will grow into the high-risk age group (ages 15 to 20 years) with better formed attitudes, beliefs, and appropriate behavioral strategies concerning risky behaviors that can lead to spinal cord and traumatic brain injury. This prevention program is aimed at young children because it is during the younger years that behavioral patterns are formed which become increasingly more difficult to modify as the child enters adolescence.

Preventing Injury: A Safety Curriculum is based on principles and approaches of child development, early childhood education, and prevention psychology. As health-persuasive messages, the curriculum is designed to increase children's perceptions of (1) vulnerability or susceptibility to SCI or TBI, (2) the severity of the problem, (3) response efficacy (i.e., that there are effective ways to prevent SCI and TBI, and (4) self-efficacy (i.e., that the child can do the safe behavior. It is designed so that children gain enhanced understanding of cause-effect relationships and the rationale for safety principles to help them generalize beyond the precise situations taught in the curriculum. Furthermore, the curriculum aims to enhance the perception that safe behavior is "smart and cool." Finally, the curriculum includes behavioral rehearsal, practice, and interactive elements with reinforcement to enhance learning, longer-term retention, and behavior performance in the real world outside the classroom.

Preventing Injury: A Safety Curriculum is a Preschool through 6th grade program. It has been organized in four levels: Preschool and Kindergarten; Grades 1 and 2; Grades 3 and 4; and Grades 5 and 6. Developed by teachers for teachers, special attention has been given to ease of implementation by classroom teachers. The curriculum has been extensively pilot-tested and thoroughly evaluated by researchers at the Department of Rehabilitative Medicine, University of Alabama at Birmingham.

Spinal Cord Injury: You May Want to Know...

Some basic anatomy:

The spinal cord acts as the relay through which brain and body communicate. All incoming and outgoing information (nerve sensations, movement commands, etc.) pass through the spinal cord. It is organized so that nerves to the upper half of the body are connected to the upper portion of the spinal cord; nerves to the lower half of the body are connected to the lower portion of the spinal cord. The spinal cord is very delicate. ***Cerebrospinal fluid*** surrounds and cushions the spinal cord. The spinal cord has its own bony, protective covering—the ***spinal column***—which is made up of thirty ***vertebrae*** sitting on top of one another. There are four types of vertebrae and a different number of each: eight ***cervical,*** 12 ***thoracic***, five ***lumbar*** and five ***sacral.***

Spinal cord injuries...

...are either ***complete*** (i.e., the cord is severed and there is no sensation or movement from that point down) or ***incomplete,*** (i.e., some of the cord remains intact and some movement or sensation is still possible). In either type of injury, the message path connecting the brain and the body is disrupted. This is why a person with spinal cord injury is unable to feel or move certain parts of his or her body, even when there is no damage to that body part or to the brain. A person with ***paraplegia*** has a loss of movement and sensation in the lower part of his or her body (e.g., the legs). A person with ***quadriplegia*** has a loss of movement and sensation in both the upper and lower parts of the body (e.g., the arms and legs).

Many years ago, SCI almost inevitably resulted in death. Medical advances have drastically changed this picture. Today, many persons with spinal cord injury have a nearly normal lifespan. There are more than 300,000 persons with SCI in the U.S., and about 7,500 new injuries occur every year.

Some statistics:

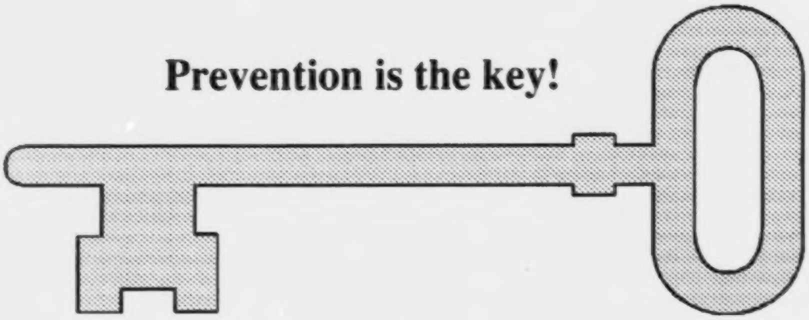
- Almost two-thirds of all SCIs occur in the 16 to 30 year-old age group.
- Most spinal cord injuries (82%!) are sustained by males.
- In the high risk age group, 55% of spinal cord injuries are suffered in motor vehicle accidents, 22% in violent acts, 10% in sports activities and 7% in falls.
- Spinal cord injuries occur more frequently in daylight hours and during the summer months; most of these injuries occur on weekends.

Life after spinal cord injury:

Persons with SCI often must adjust to significant handicaps that radically change their lives. Continuing medical care is required. Voluntary bladder and bowel functions may be lost. Most persons with SCI develop urinary complications requiring medical intervention; nearly a quarter develop pressure sores. Extensive renovations to homes often are necessary to facilitate movement in a wheelchair: ramps must be installed, doorways widened, and carpets removed. In addition to physical disruptions, persons with SCI experience disruptions in their social life: everything from normal social interactions to marriage and sexual functioning may be adversely affected. Psychological adjustment is often an ongoing process; depression and anxiety are common.

There is no cure for spinal cord injury...

...once damage is done, it is probably permanent. While there are some stories in the newspapers about persons who overcome overwhelming odds to walk again, these so-called "miracle" recoveries are extremely rare and indicate incomplete injuries. More than 90% of SCI patients with complete lesions show no improvement in functional abilities at the time they are discharged from the hospital.



Prevention is the key!

The source for the information presented in this section is:

Stover, S.L., and Fine, P.R. (Eds.) *Spinal Cord Injury: The Facts and Figures* (1986) The National Spinal Cord Injury Statistical Center, University of Alabama at Birmingham: Birmingham, AL.

Traumatic Brain Injury: You May Want to Know...

Some basic anatomy:

The brain acts as the control station for the human body, regulating all bodily functions. The brain is made up of over 10 billion nerve cells and can be divided into several distinct areas. The ***brainstem*** is located at the base of the brain and is responsible for such basic functions as respiration and pulse. The ***cerebellum*** is connected to the upper rear portion of the brainstem and coordinates motor movement. The ***cortex***, the largest portion of the brain, is responsible for the highest of human behaviors. The cortex is divided into two halves or hemispheres (left and right) which are about the same size. In most people, the left hemisphere is responsible for language and the right hemisphere for spatial tasks. Each hemisphere is responsible for movement and sensory functions on the opposite side of the body. The brain is very delicate. Its consistency is similar to that of jelly. The skull protects the brain. ***Cerebrospinal fluid*** circulates around and through the brain to offer further protection.

A traumatic brain injury...

...can result from an ***open head injury*** in which the brain is exposed to air (e.g., a gunshot wound), or from a ***closed head injury*** in which the brain is not exposed to air (e.g., a concussion). Loss of consciousness is not uncommon with brain injury. It may last for no more than a few seconds, or may continue for months or years. If a person remains unconscious for more than a brief period of time, he or she is said to be in a ***coma*** (the person is unable to open his or her eyes, speak or respond to commands). A person who remains unconscious for at least six hours usually is said to have a ***severe brain injury***. A person who does not lose consciousness or is unconscious for less than thirty minutes is said to have suffered a ***mild brain injury.***

Some statistics:

- About seven million brain injuries occur annually in the U.S., with an estimated 500,000 requiring hospitalization.

- Nearly two-thirds of these brain injuries occur in the 10 to 29 year-old age group; more than two-thirds of those who are injured are male.

- Brain injuries occur in more than two-thirds of all motor vehicle accidents, and are often the cause of death in motor vehicle-related fatalities.

- One study reported that less than 14% of their subjects who sustained brain injuries were wearing safety belts at the time of their accidents.

- In motorcycle accidents, almost half of persons sustaining brain injuries were not wearing helmets (many in states with helmet laws!).

- More than one in ten brain injuries occur as the result of interpersonal violence; most of these injuries are related to domestic problems.

The most significant contributing factor to brain injury...

...appears to be alcohol; one study found alcohol in the bloodstream of nearly three-quarters of patients with brain injury. The majority of brain injuries occur on the weekend, the peak hours being between 3:00 p.m. and 7:00 p.m.

The population most at risk for traumatic brain injury...

...are people who have had a previous brain injury. The likelihood of a second brain injury is three times as great as the first one. The effects of brain injury are cumulative. A mild brain injury might leave little or no after effects, but a second or third mild injury can produce significant impairment. Consider the boxer who becomes "punch drunk." This condition is caused by the cumulative effects of many mild brain injuries.

Medical advances have led...

...to an ever increasing number of survivors of brain injury. However, fourteen percent of these TBI survivors (70,000 new patients each year) are not considered self-sufficient enough to manage their activities of daily living. Half of these people require institutional care, the other half are cared for by family members. Problems with communication, motivation, gait and balance, sexual functioning, cognitive processing and loneliness are common. Many patients have injuries that affect a number of these areas simultaneously. Tasks that were once taken for granted, such as dressing or bathing, can become major operations. A brain injury does not have to be severe to have an impact on a person's daily functioning. Patients with mild brain injury often experience dizziness and memory problems as long as three months after their injury. The prognosis for persons with traumatic brain injury is often uncertain: in many cases, damage is diffusely spread throughout the brain, making it difficult to predict which functions will improve and which will not.

Prevention is the best treatment!

The sources for the information presented in this section are:

Jennet, B.H. Scale and scope of the problem. and Rimel, R.W., Jane, J.A., Bond, M.R. Characteristics of the head injured patient. In Rosenthal, M., Griffith, E.R., Band, M.R., Miller, J.D. *Rehabilitation of the Adult and Child With Traumatic Brain Injury, 2nd Ed.* Philadelphia: Davis, 1990.

What Happens After a Spinal Cord Injury or Traumatic Brain Injury?

After the immediate medical crisis...

... patients with SCI or TBI often are transferred to a ***rehabilitation hospital*** (or rehabilitation unit within a hospital). These facilities help patients adjust to living with their disabilities. Their goals are to maximize the patients' quality of life and to foster the development of independent living skills. Numerous disciplines are involved in helping patients achieve these goals. ***Rehabilitation medicine specialists*** are medical doctors who assess the physical limitations and strengths of their patients. ***Physical therapists*** teach patients to exercise weakened areas and to use the strong ones in ways that compensate for their weaknesses. ***Psychologists*** assess cognitive impairments caused by injuries and how these impairments will affect patients' return to community living. They also provide counseling to patients and their families. ***Occupational therapists*** help patients learn to perform daily tasks such as cooking and cleaning.

Returning home:

Most patients return home after stays in rehabilitation programs. Thus these programs act as bridges between intensive medical care and community living. They offer the patient an opportunity to experience community living within the relative safety of a rehabilitative atmosphere. The goal of these programs is to ensure that at the time of final discharge, patients are as prepared as possible to cope with their changed lifestyles. Although rehabilitation can do much to improve patients' quality of life, there are likely very few persons with SCI or TBI who would agree that their lives are as good as they were prior to their injuries—and who would not return to those life styles if given the opportunity.

CURRICULUM FORMAT

Materials developed for this curriculum span preschool through sixth grade and have been divided into four levels: Preschool-Kindergarten; Grades 1 and 2; Grades 3 and 4; and Grades 5 and 6. Each level contains eight units: Spinal Cord and Brain Injury Awareness; Motor Vehicle Safety; Pedestrian Safety; Bike Safety; Playground/Recreational Sports Safety; Preventing Falls; Weapons Safety; and Water Safety.

Each unit includes the following information:

LIFESTYLE GOALS: Lifestyle goals for this curriculum are optimal lifelong health behaviors. Successful completion of the curriculum can provide the basis for more comprehensive health education in later years. The lifestyle goals listed in each unit provide the foundation upon which more specific learning objectives and unit activities are built.

LEARNING OBJECTIVES: The learning objectives state the knowledge, skills, and abilities that students should acquire upon completion of the activities in the unit.

UNIT ACTIVITIES: Activities which address the learning objectives for the unit are described in detail. The objectives addressed by a particular activity are noted beside each activity title (for example, *Obj. 1, 2, 6*).

Since each level of the curriculum covers two grades, several activities are included to accommodate the differences in students' ages. It is **not** necessary to perform all activities in order to achieve the unit's learning objectives. For example, activities are included in the Preschool-Kindergarten Level which may be effective for three year old children, but not challenging enough for five year old children; likewise, some of the activities listed may be suitable for five year old children, but may be too complicated for younger children.

UNIT I:

SPINAL CORD AND BRAIN INJURY AWARENESS

The purpose of this unit is to teach children basic information about the structure and function of the brain, skull, spine, and spinal cord (i.e., the central nervous system and the structures that protect it). It is important for children to understand that while the skull and the spine provide some measure of protection, severe injuries still can damage the brain and spinal cord permanently. Unit activities describe how the body functions after a spinal cord injury or brain injury and stress that normal functions are often permanently lost.

Our approach in this curriculum is to increase children's awareness of—and feelings of vulnerability to—brain and spinal cord injury, but then to relieve any anxiety about such injuries by showing children how they can best be avoided. If you have not done so already, you may wish to review the general introductory material for this program (pp. v - xii), which describes in some detail the structure and function of the brain and spinal cord (and what happens when either is injured).

SPINAL CORD AND BRAIN INJURY AWARENESS
(Preschool-Kindergarten)

LIFESTYLE GOALS

I. Understand the vulnerability of the brain, skull, spine, and spinal cord to injury

II. Identify positive alternatives to risk-taking behaviors

LEARNING OBJECTIVES

Upon completion of this unit, students should be able to:

1. Locate the brain and spinal cord and know how they work together to control body functions
2. Know the physical effects of brain and spinal cord injuries
3. Identify risky behaviors and positive alternatives
4. Demonstrate safety steps to follow if someone is injured

Activity 1: Meet Your Animal Safety Friends *Obj. 3*

Animal characters were chosen to represent various aspects of our Spinal Cord Injury and Traumatic Brain Injury Prevention Curriculum. These characters were developed based on input from children in several elementary grades to ensure that they would appeal to these age groups. One character (Mr. Goof) consistently behaves in unsafe ways. The other characters depict safer alternatives.

Below are descriptions of each "safety friend" for your information. Pictures of these animal characters appear on pages 9-19. Show your class the picture of each animal as you read the introduction on the back of the picture.

Rachel Raccoon (p. 9) represents automobile safety because of her agile, humanlike hands (which she uses to buckle the safety belt) and her industrious and clever nature. She always sits in her car seat with her safety belt fastened properly and observes all safety rules.

Tuttle Turtle (p. 11) represents bike safety because of his cautious manner, and because of the shell which provides built in protection for his spinal cord. Although his shell can be representative of a bike helmet, he still wears a helmet on his head to prevent a brain injury. Tuttle always wears his bike helmet and follows all safety rules when riding his bike/trike.

Alli Cat (p. 13) represents playground safety and fall prevention because of her cautious nature and her ability to land on her feet. She is agile and acrobatic and shows children safe behavior for gymnastic and playground activities.

Duffy Dog (p. 15) teaches safe behavior around guns, knives, and other weapons. He shows children what to do when they are faced with potentially dangerous situations, such as finding a gun or being pressured by friends to play with guns or knives.

Daisy Dolphin (p. 17) represents water safety because of her gentle, friendly nature and her ability to communicate with other animals. Daisy is an expert swimmer and diver who gives the children safety tips to use while they're having fun in the water.

Mr. Goof (p. 19), a monkey, was chosen for his human-like characteristics and child-like personality: he is curious, full of energy, and intelligent enough to learn the safe/appropriate way to behave. Mr. Goof is impulsive and makes mistakes because he does not think ahead. The other animals model safe behaviors that will help Mr. Goof (and students, too!) prevent a brain or spinal cord injury.

Activity 2: Risky Business *Obj. 3, 4*

Show the children the three pairs of pictures in "Risky Business" on pages 21-31. Have them tell what they see in the first picture that might cause an injury. Then have them tell what has changed in the second picture that shows a safe behavior. As a class project, pictures may be colored and displayed on "safe" and "unsafe" bulletin boards.

Activity 3: Getting in Touch with Your Skull and Spine *Obj. 1*

Show the students the diagram on page 33. Have the students feel their skulls—the sides and tops of their heads, their jawbones, etc. Explain that the skull is made out of hard bone, and that inside of the skull everyone has a soft, round lump called a brain. Tell the students that their brains make it possible for them to think, to walk, to talk, to play, and even to feel happy or sad. Have the students lie down on their sides. Show the students how to locate their spines and have them feel the bumpy ridges in the middle of their backs. Explain that the spinal column runs in a line from the top of their necks to their buttocks. Have the children curl up in a ball, and have one student feel the spine of another and vice versa. Tell the students that just like the bones of their skulls protect their brains, the bones of their spines protect their spinal cords. Explain that the spinal cord carries messages sent by the brain, and that these messages tell the arms, legs, and other parts of the body how the brain wants them to move.

Have your students gather in a circle to recite and/or act out the following activities:

Where Is My Spine?

Where, oh where, oh where is my spine?
It's right back here
Between my head and my behind!

[Have students point to head, then buttocks]

The Brain

There's a lumpy gray brain in your head,
That's almost as soft as a bed!
The bones of your skull,
Surround it, I'm told
To keep your brain safe in your head!

[Have students point to head when they hear it said]

Back Bones

There are doughnut-shaped bones in your back,
**(Have students make circles with thumbs and first fingers)*

That are lined up right in a stack.
**(Put circles atop one another)*

They help keep your head up,
**(Put "finger circle" column under chin)*

But can bend, twist, and fold up
**(Still holding hands under chin, bend and twist at waist)*

What great little bones in your backs!
**(Straighten back up, and smile!)*

There are doughnut-shaped bones in your back,
**(Make "finger circles," as above)*

That are lined up right in a stack.
**(Stack circles to form column, as above)*

Your spinal cord, I'm told,

Runs right through the holes
**(Hold hands to one eye and look through hole made by fingers)*

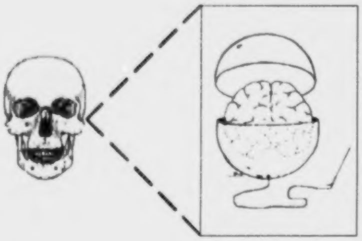
To protect it from getting a whack!
**(Hands away from eyes, thump one circle with other hand)*

*(Pantomime accompaniment)

Activity 4: Listen and Learn *Obj. 1, 2*

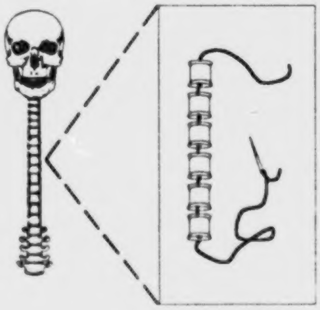
[Materials needed: string, spools, soft modeling clay, large plastic eggs]

To construct a model of the skull, brain, spinal column, and spinal cord: use a large plastic egg (e.g., a pantyhose container) to represent the skull and soft modeling clay or playdough to represent the brain. Punch a hole in the bottom of the egg and thread a length of string (the spinal cord) through the hole, tying a knot so the string will not slip out. Place a ball of clay or playdough in the egg. Use spools to represent the spinal column and thread the string through the spools, tying a knot at the bottom so the spools will not slip off.



Use the model to show the children the spinal column, spinal cord, skull, and brain. Explain that the spinal column is a series of bones which form a tube. Explain that the brain uses the spinal cord to send messages that move different parts of the body: hands, feet, legs, eyes, toes, etc. Have the children move specific parts of their bodies, emphasizing that each movement is caused by a message sent by the brain through the spinal cord. Explain that even breathing is controlled by messages sent from the brain through the spinal cord to the lungs, without their having to think about it!

Discuss the consequences of an injury to the spinal cord—the brain can't get its messages through to tell the body to move. Use the analogy of a telephone: When you use a telephone, you're listening to messages from other people. If the phone were off the hook you wouldn't be able to get the messages. (Note: If a real phone is available, have children listen to the busy signal. Explain that if someone tries to call while the phone is off the hook, the caller would hear this busy signal and would be unable to give any message.) An injured spinal cord is like a phone off the hook: it can't carry the brain's messages where they need to go. A person can put a phone back on the hook, but people can't "fix" an injured spinal cord.



Discuss the consequences of an injury to the brain—the brain may not be able to send any messages or those messages which do get sent may be mixed up. For instance, the brain may no longer be capable of telling the eyes to see, or the mouth to talk.

To end on a positive note, reassure the students that a brain or spinal cord injury doesn't just happen like a cold or the chicken pox. Students can protect their brains and spinal cords from danger by being careful and playing safely.

You may want to pass out copies of the skull and spinal column picture (p. 33) for students to color and take home.

Activity 5: **Puppet Performer** *Obj. 2*

Please refer to the instructions on pages 35-36 to create the puppet for the following activity. Work the puppet for your students as you demonstrate the answers to the following questions:

a. What happens when I pull Rachel's strings?

b. Does Rachel do what we want her to do?

c. What happens when we tangle the strings?

Explain that the puppet's messages from the brain are not being sent properly; they are "mixed up" so that the puppet cannot do the same things as before. Explain that this is similar to what happens to people who have a brain injury.

d. *[Untangle all strings, then cut the leg strings.]* What happens when I pull the strings?

e. Does Rachel still do what we want her to do? Why or why not?

f. Can Rachel do the things that she could do before her strings were cut?

Explain that the puppet's message line has been broken, and it can no longer perform as it could when its message strings were connected: this is similar to what happens to people who have a spinal cord injury (except our message strings are all wrapped up in our spinal cord which is inside our back).

Activity 6: **Phone Center** *Obj. 4*

[Materials needed: push-button and rotary phones]

Set up a telephone center as part of a learning center in the classroom. Use real push-button and rotary phones (contact your local phone company for possible loan phones). Print the emergency number 911 on the blackboard, then show the children how to dial 911 on both types of phones. If 911 is not available in your area, have the children practice dialing "0." Let the children practice dialing during learning center time.

Make up emergency situations involving Mr. Goof. In the imaginary accidents, tell the students that Mr. Goof has received either a brain injury (e.g., he has a bad bump on his head and appears to be asleep) or a spinal cord injury (e.g., his back hurts and he cannot feel or move his arms or legs). Have the children role play what they would tell the operator. Emphasize that they should stay on the phone until the operator tells them to hang up.

Activity 7: What Would You Do? *Obj. 5*

Read the following emergency situations to the students. Ask each child what he or she would do. Allow each child to answer, then discuss what he or she should do if these situations occur.

a. If you are on the playground and your friend falls and hurts her head or back, what would you do? *[Elicit responses such as: Ask the friend if she is O.K.; don't try to move the friend if she cannot move her arms or legs; and tell a teacher, teacher's aide, school nurse, or other adult.]*

b. If you are swimming at the pool and your friend hurts his head or back, what would you do? *[Elicit responses such as : Ask the friend if he is O.K.; don't try to move the friend if he cannot move his arms or legs; and get help from a parent or lifeguard.]*

c. If your grandfather is baby-sitting you at home and he falls, bumps his head, and will not move or wake up, what would you do? *[Elicit responses such as: Don't try to move the grandfather; run and get a neighbor or dial 911 or 0.]*

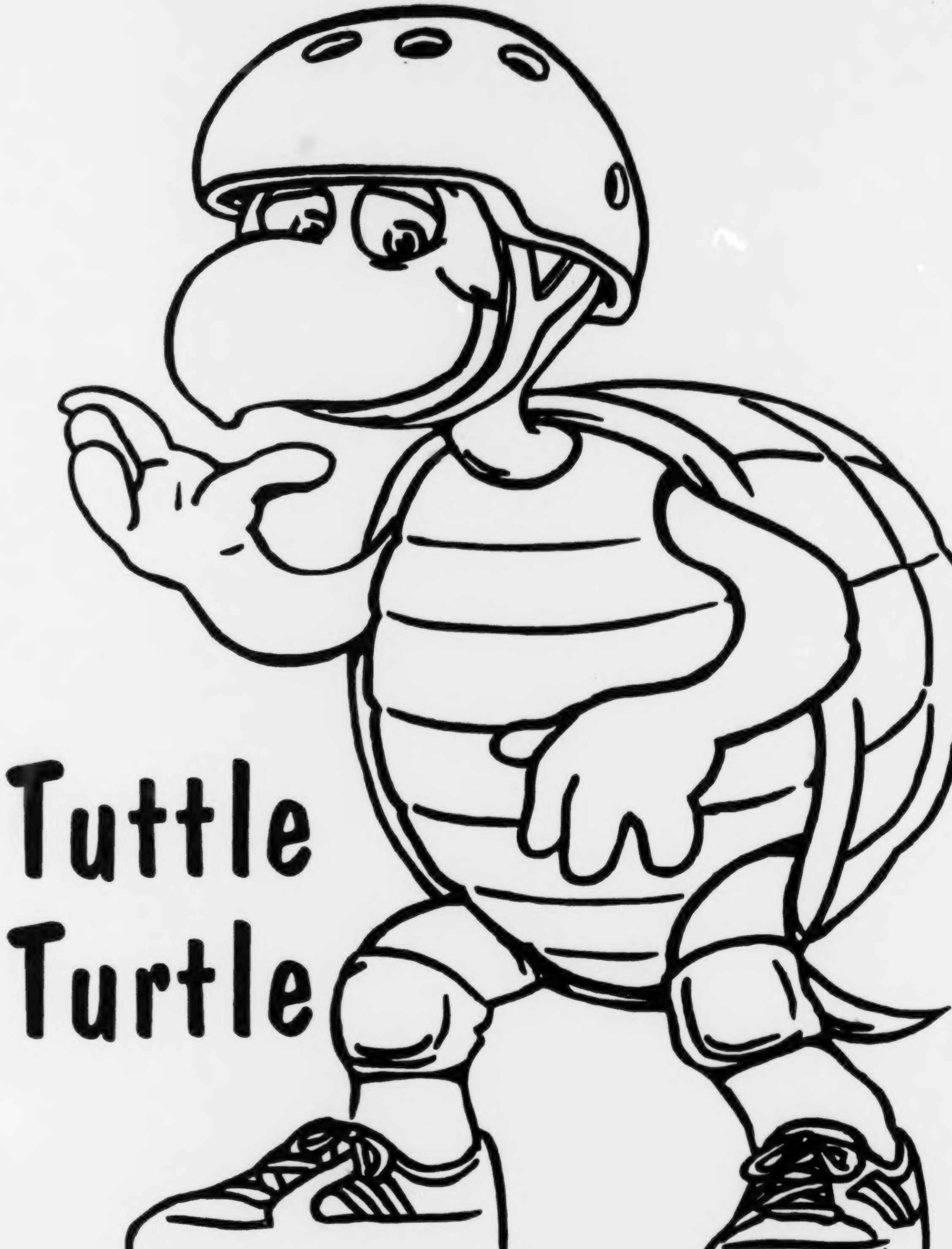
Activity 8: My Letter Home

Make copies of the letter on page 41 for your students to take home to their parents. Explain that they can show their parents some of the things they are doing to learn about spinal cord and brain injury prevention, and that they may need their parents help to complete some activities. Fill in the date and greeting blank appropriately. Have each student sign his or her letter.

Rachel
Raccoon

Rachel Raccoon

HI! My name is Rachel Raccoon. I use my hands to buckle my safety belt every time I get in the car—and YOU should use your hands to buckle your safety belt every time you get in a car, too! Stick with me and I will show you how to be a safe and smart rider.


Tuttle
Turtle

Tuttle Turtle

HI! My name is Tuttle Turtle. I have a built-in shell which protects me when I ride my bike. You may not have a built-in shell, but you can wear a helmet when you ride your bike. I'll show you how to be a safe bike rider.

Alli Cat

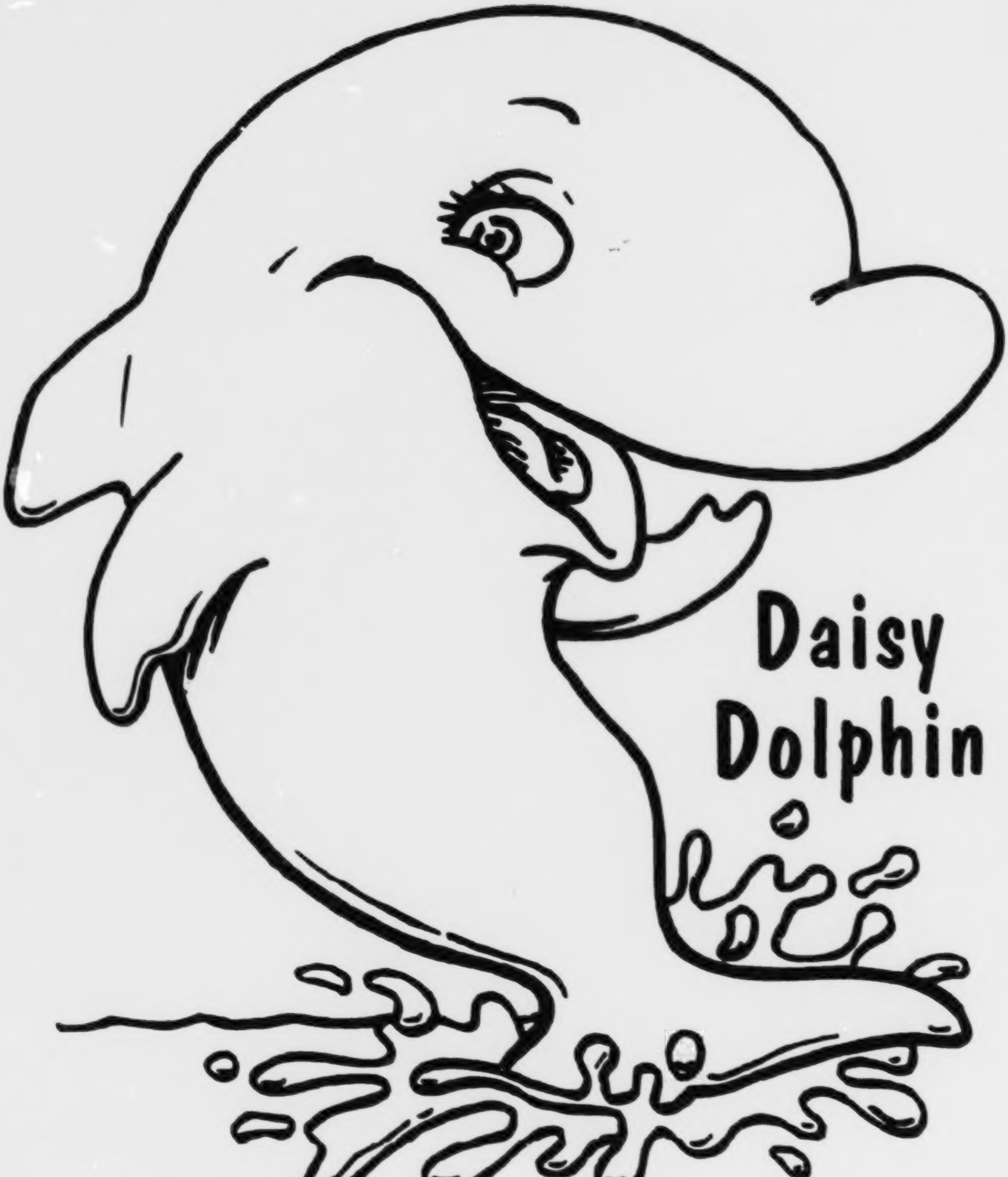
Alli Cat

HI! My name is Alli Cat. Because I am a safe cat, I always land on my feet when I fall. Since you may not always land on your feet when you fall, I'll show you how to keep from falling on the playground or at home.

Duffy Dog

Duffy Dog

HI! My name is Duffy Dog. I never touch dangerous things like guns or knives unless my parents are there and say it's O.K. I'll show you the safe way to act if you see a gun or a knife.


Daisy
Dolphin

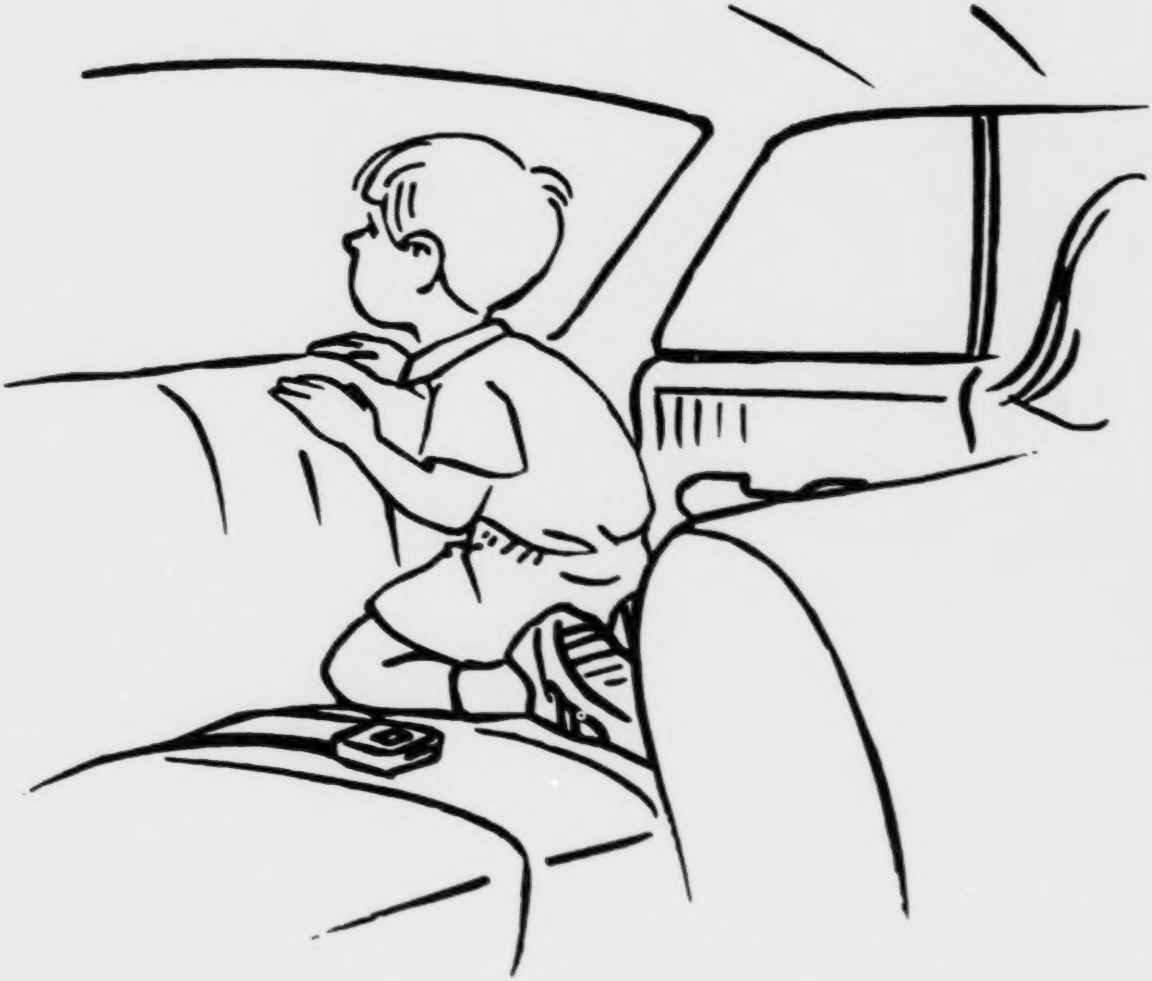
Daisy Dolphin

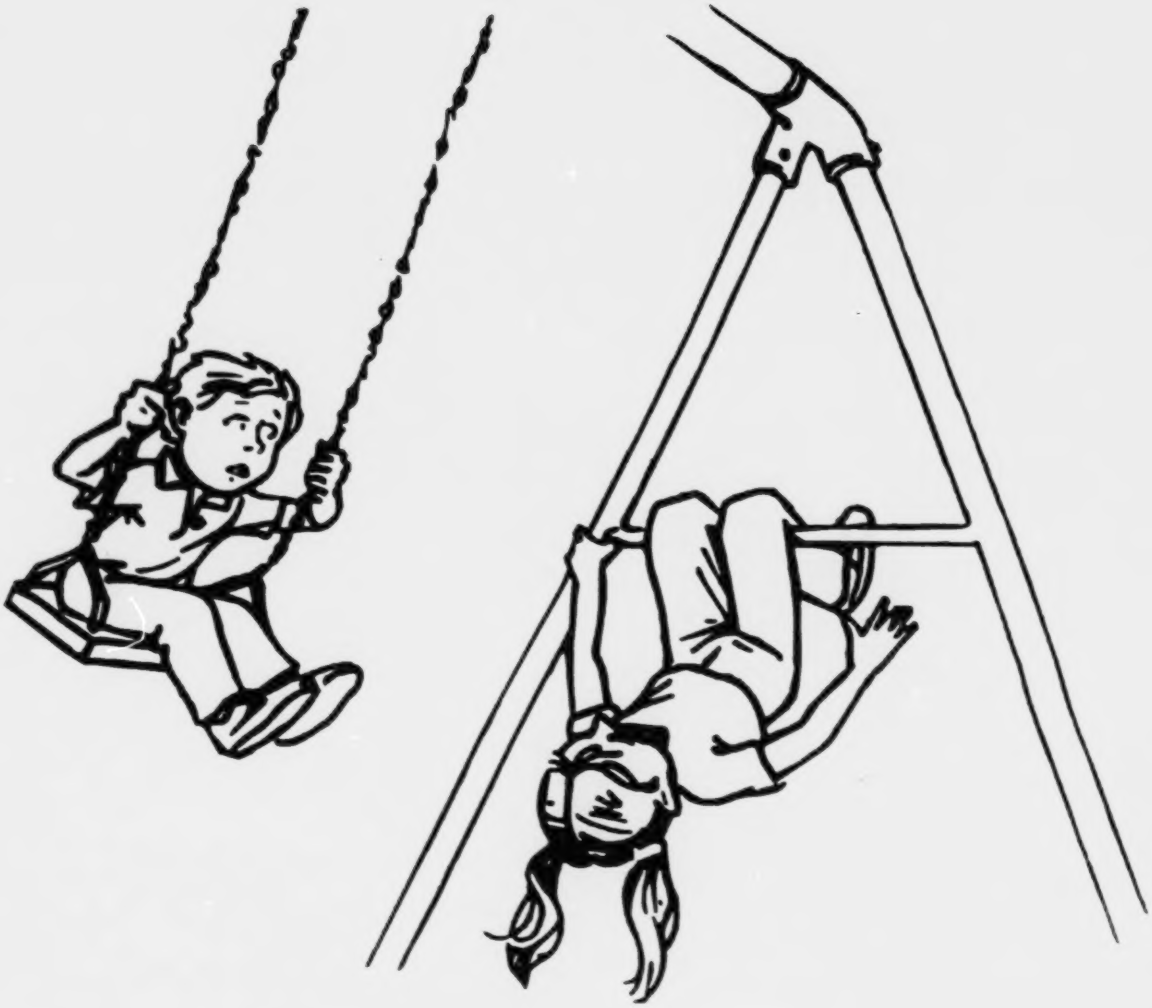
HI! My name is Daisy Dolphin. Dolphins are good swimmers, and we're smart. I'll show you how to be safe and smart when you're having fun in the water.

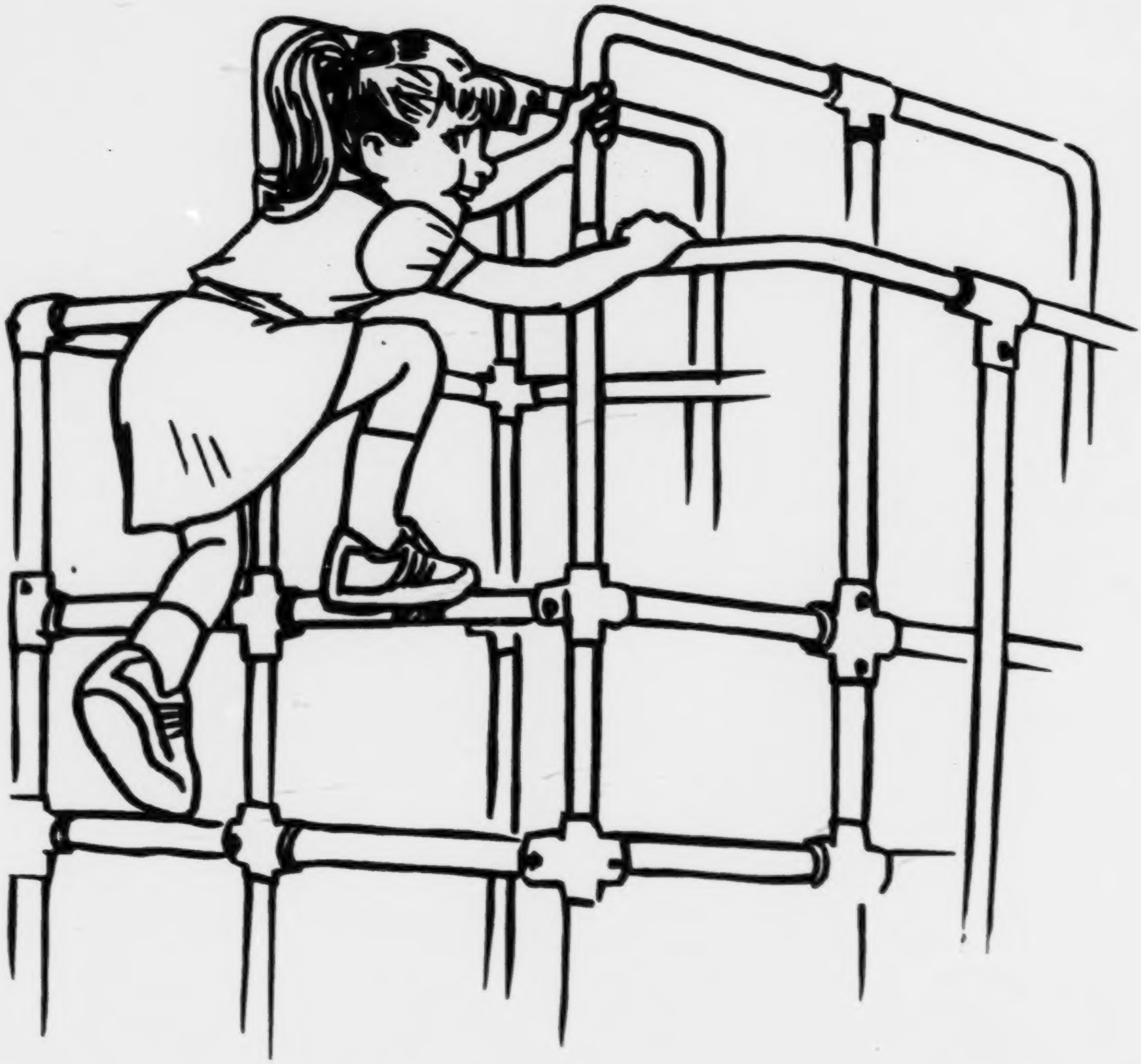
Mr. Goof

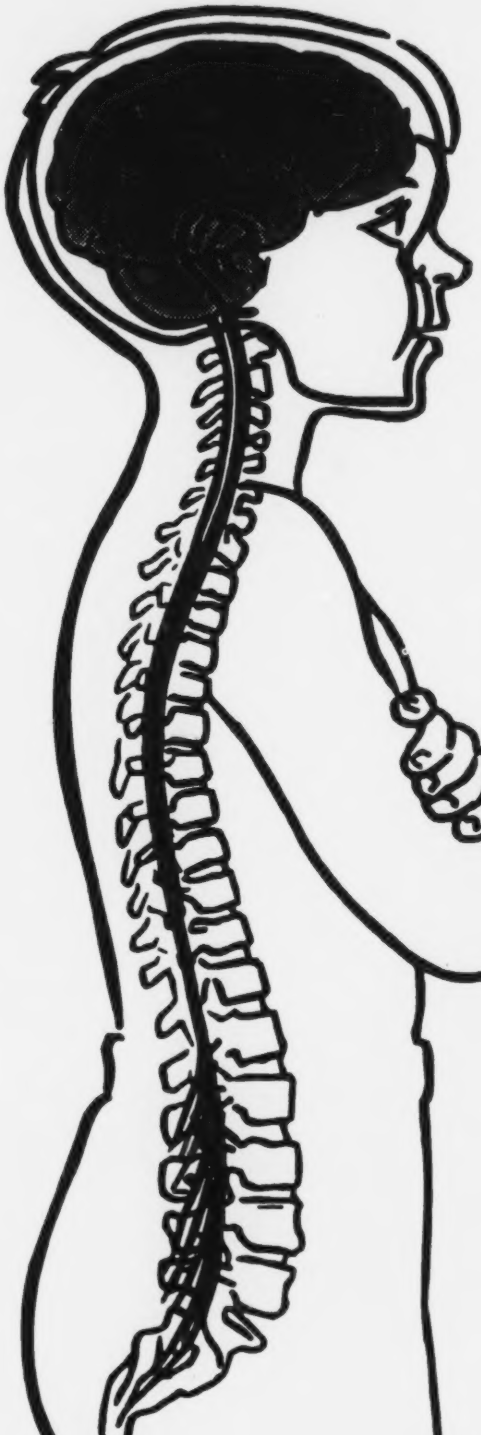
Mr. Goof

HI! My name is Mr. Goof. I love to have fun, but just like my name says, I usually goof up. I'm lucky to have so many friends to show me how to be safe, because it's no fun to get hurt! Will you help me learn?







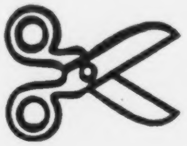


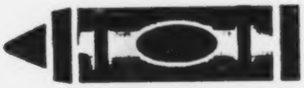
Rachel Raccoon Spinal Cord Puppet

INSTRUCTIONS

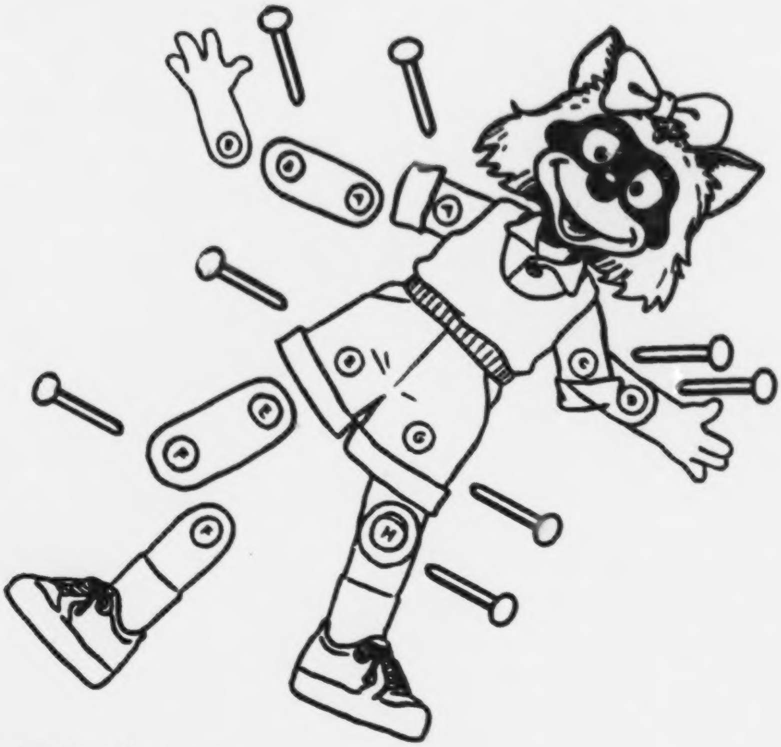
1. Copy the original puppet forms on pages 37 and 39.

2. Cut out Rachel's body and arm/leg sections. Where circles are drawn, use a hole-punch to make a hole at each location. Students may color Rachel if they like.

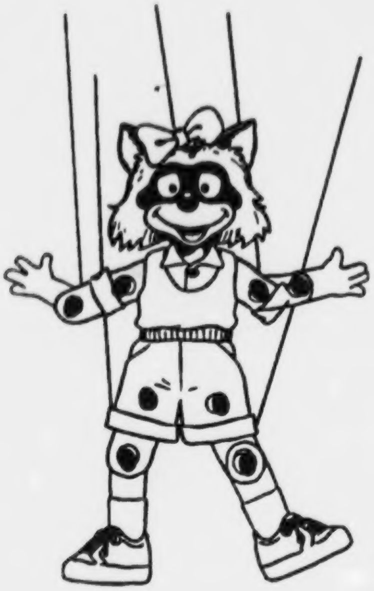




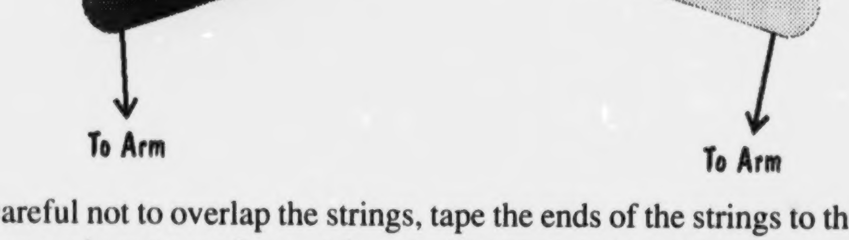
3. Use "Number 4" round head paper fasteners to attach Rachel's arm and leg sections to each other (simulating elbow and knee joint movement) and the completed arms and legs to Rachel's body (simulating shoulder and hip movement) as follows: keep the round head of each fastener to Rachel's front (insert fasteners from the front toward the back); insert shoulder and hip fasteners, then slip Rachel's upper arm and leg sections onto them; then, insert elbow and knee fasteners in each of these sections and attach lower limb segments behind these.



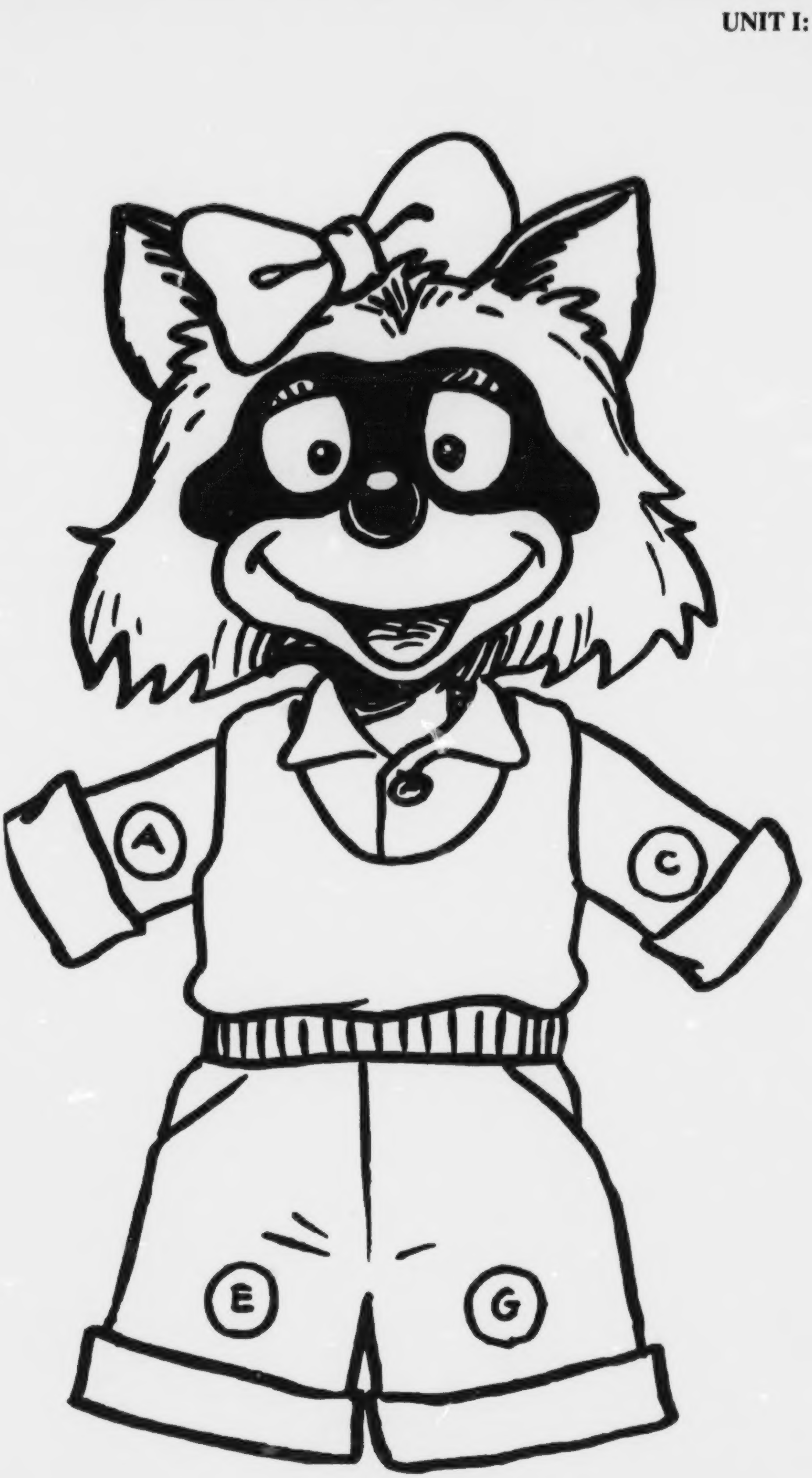
4. Tape an 8-inch strand of string, yarn, or fishing line to the back of Rachel's head. Next attach two 12-inch strands of string to Rachel's upper arms (near her elbows), and two 16-inch strands to Rachel's upper leg sections (near her knees). Be careful not to tape over the ends of the paper fasteners or otherwise hinder the free movement around Rachel's joints.

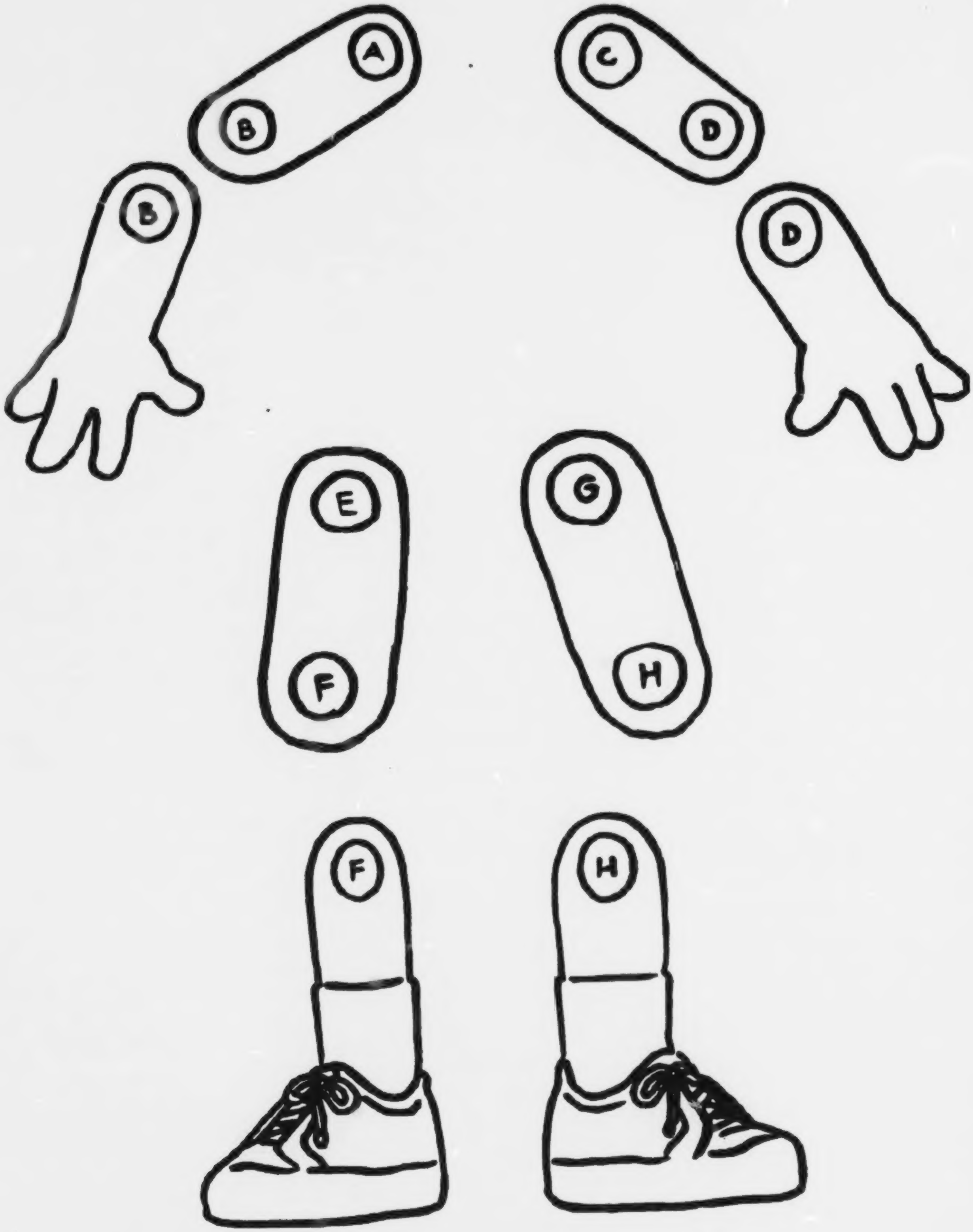


5. Construct an "X" frame by gluing one popsicle stick at an angle on top of another. Make sure the angles form an "X" and not a "+."



6. Being careful not to overlap the strings, tape the ends of the strings to the ends of the "X" frame as shown to make a marionette-like puppet. Vary the amount of string taped to the frame from the arms and legs until Rachel stands upright. By moving and tilting the frame, Rachel's arms and legs can be made to move.


A
C
E
G


A
B
C
D
B
D
E
G
F
H
F
H

Date ______________

Dear ______________ ,

I brought this letter home to let you know that I will be learning about what I can do now and the rest of my life to prevent serious injuries like spinal cord and brain injuries. About 7,500 people are paralyzed permanently from spinal cord injuries every year and 500,000 receive brain injuries, some of which permanently affect that person's ability to think, work, remember, go to school, and live independently. My teacher tells me that many of these injuries are avoidable; for example, always wearing a safety belt is very important.

I need to learn these things now, when I am young, so that I will know how to behave safely and prevent injuries to myself and others. Also, I need to learn these things now so I will know what to do when I am on my own and I can't count on you to protect me anymore. I'll be learning about what the spinal cord and brain do, and I'll be learning about motor vehicle safety, pedestrian safety, bike safety, playground/recreational sports safety, preventing falls, weapons safety, and water safety. I'll be doing some of these activities at home. I hope you will ask me about them, help me when I need it, and encourage me to put into practice the things I learn about safety. Who knows, maybe someone else in the family could benefit from what I learn as well.

Love,

UNIT II:

MOTOR VEHICLE SAFETY

Motor vehicle accidents are the leading cause of spinal cord and brain injuries nationwide. It has been shown conclusively that correctly using safety belts is the most effective means of preventing serious, disabling injuries in motor vehicle accidents. The main goal of this unit is to establish a "habit" of buckling up at an early age. Rachel Raccoon is the safety animal for this unit.

MOTOR VEHICLE SAFETY

(Preschool-Kindergarten)

LIFESTYLE GOALS

I. Use a proper restraint device at all times

II. Understand the rules and signs designed to promote traffic safety

III. Practice safe passenger conduct to assist the vehicle driver

LEARNING OBJECTIVES

Upon completion of this unit, students should be able to:

1. Describe and identify different occupant restraint devices
2. Recognize proper and improper use of restraint devices
3. Identify the benefits of using safety restraints
4. Identify traffic signs and signals which promote automobile safety
5. Identify the benefits of obeying traffic rules and signals

Activity 1: **Buckle Up Practice** *Obj. 1-3*

[Materials needed: child safety car seat, lap belt, and shoulder harness]

Set up a safety center in the classroom. Use a child safety car seat, a lap belt, and a shoulder harness (your local AAA office, police department, or children's hospital may be able to help you obtain these items). Have the children practice buckling themselves into the car seat or have them ask you to buckle them in (be aware of your state's laws regarding the type of restraint required for children). Demonstrate how the belt holds the child in place should the driver stop suddenly. Have the children bring in a favorite stuffed animal to practice buckling up someone they care about.

Have the children recite the following poem with you:

Who Should Wear Safety Belts?

Buckle up in your car
Whether you travel near or far!
Safety is important all the way,
Remember, buckle up every day!

Activity 2: **Be A Safe Rider** *Obj. 1-3*

Show the children the "Safe/Unsafe" picture on page 47. Have them describe what they see in the picture that might cause an injury. Then have them describe the safe behavior in the picture.

The following questions may be used to motivate a discussion:

a. Whom do you think is safe, Rachel or Mr. Goof?

b. Why is Rachel safe?

c. Why is Mr. Goof not safe?

d. What would happen to Mr. Goof if the driver had to stop suddenly?

e. Which passenger do you want to be like?

Activity 3: Ask A Police Officer *Obj. 1-5*

Invite a police officer or an Emergency Medical Technician (EMT) to visit the class and discuss the different safety restraints and traffic signs and signals. Have the officer describe the dangers of not using restraints and ignoring traffic signals and signs.

Activity 4: Safety Patrol Survey *Obj. 3*

Distribute copies of the Safety Patrol Survey form on page 49, and discuss how safety belts help prevent injuries. Have children color their forms and present them to family members to sign (if they wear safety belts).

Activity 5: Know Your Signs *Obj. 4, 5*

Display the pictures of the traffic signs included on pages 51-65. Ask students what each sign means, allowing each child to give an answer. Discuss how obeying these traffic signs can help keep you safe. Take the children on a neighborhood walk to see how many of the signs they can find.

Activity 6: Follow The Sign *Obj. 4, 5*

Have the children line up and move around the classroom. The movement can be changed to jumping, skipping, clapping, hopping, or running, etc. as the game progresses. Have the children take turns being the traffic guard (the person holds up one of the traffic signs on pages 51 through 65). The children must do what the sign dictates. There may be collisions when children don't pay attention (if the activity threatens to get out of hand, you may want to have children sit down who do not "obey" the sign). Try to get the children to relate this activity to driving or riding—what happens when all drivers are paying attention and obeying the signs; what happens when they do not.

SAFETY PATROL SURVEY FORM

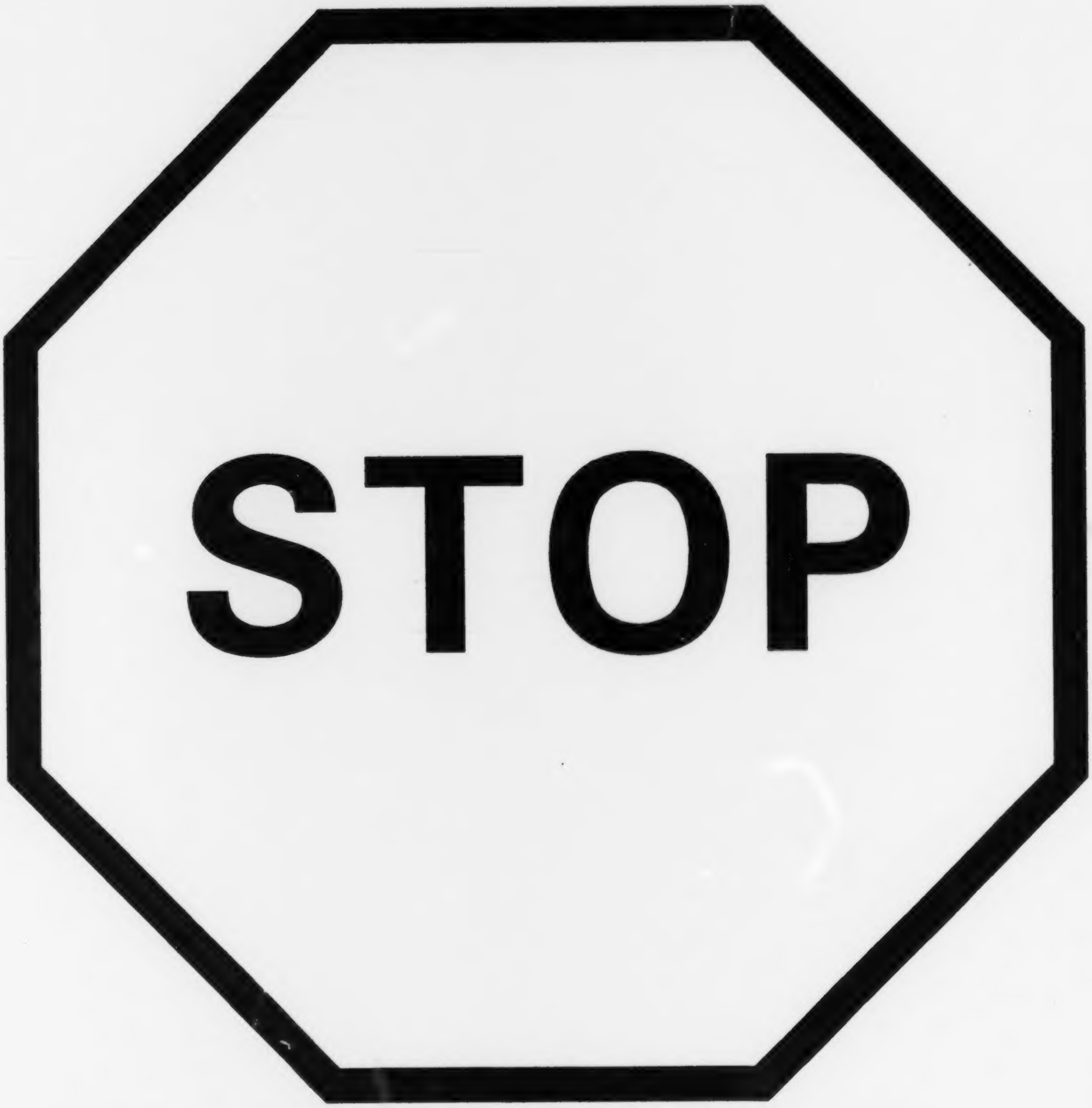
Rachel Raccoon Says:
"BUCKLE UP!"

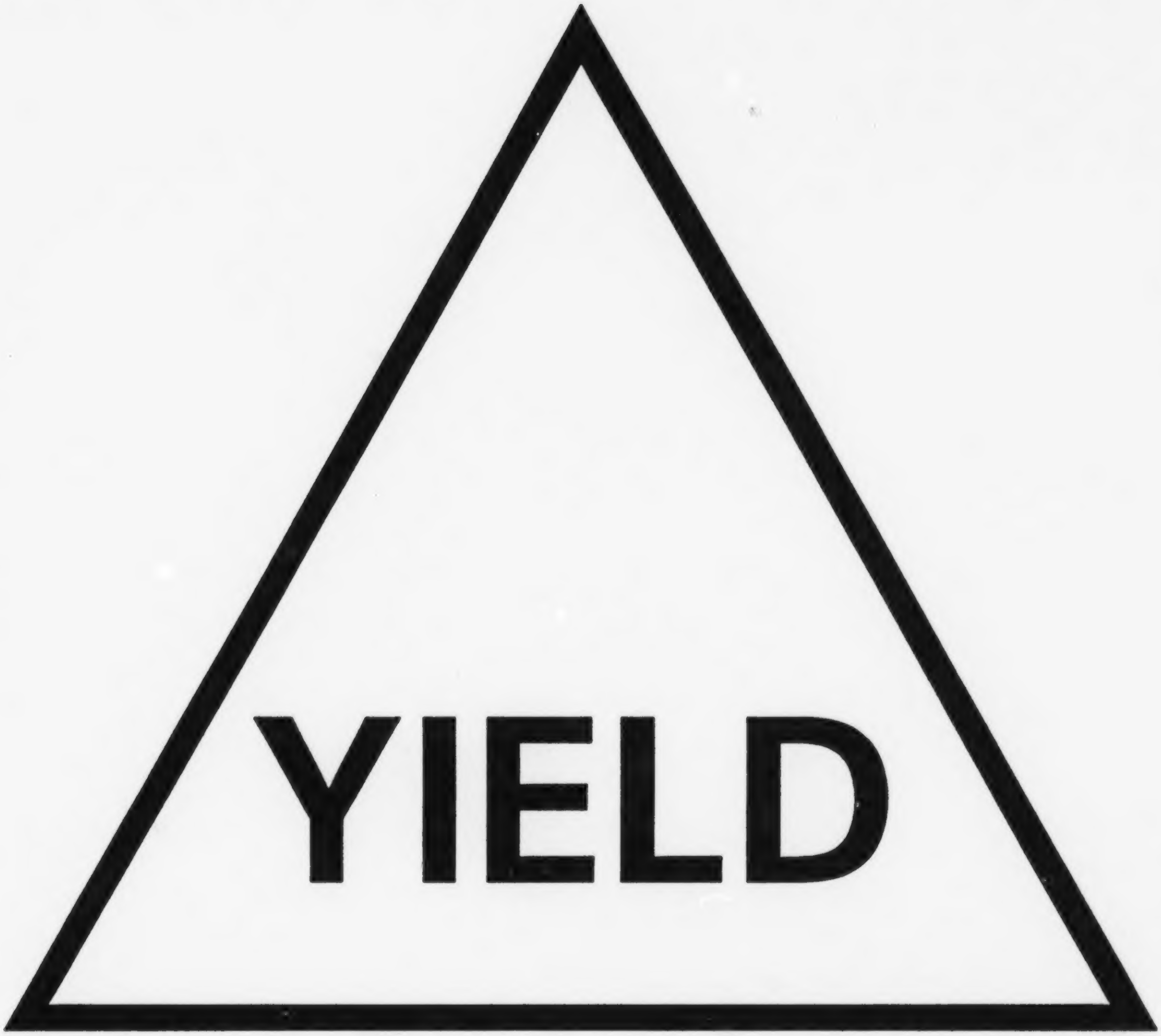
If you use your safety belt every time you drive or ride in a car, please sign below:

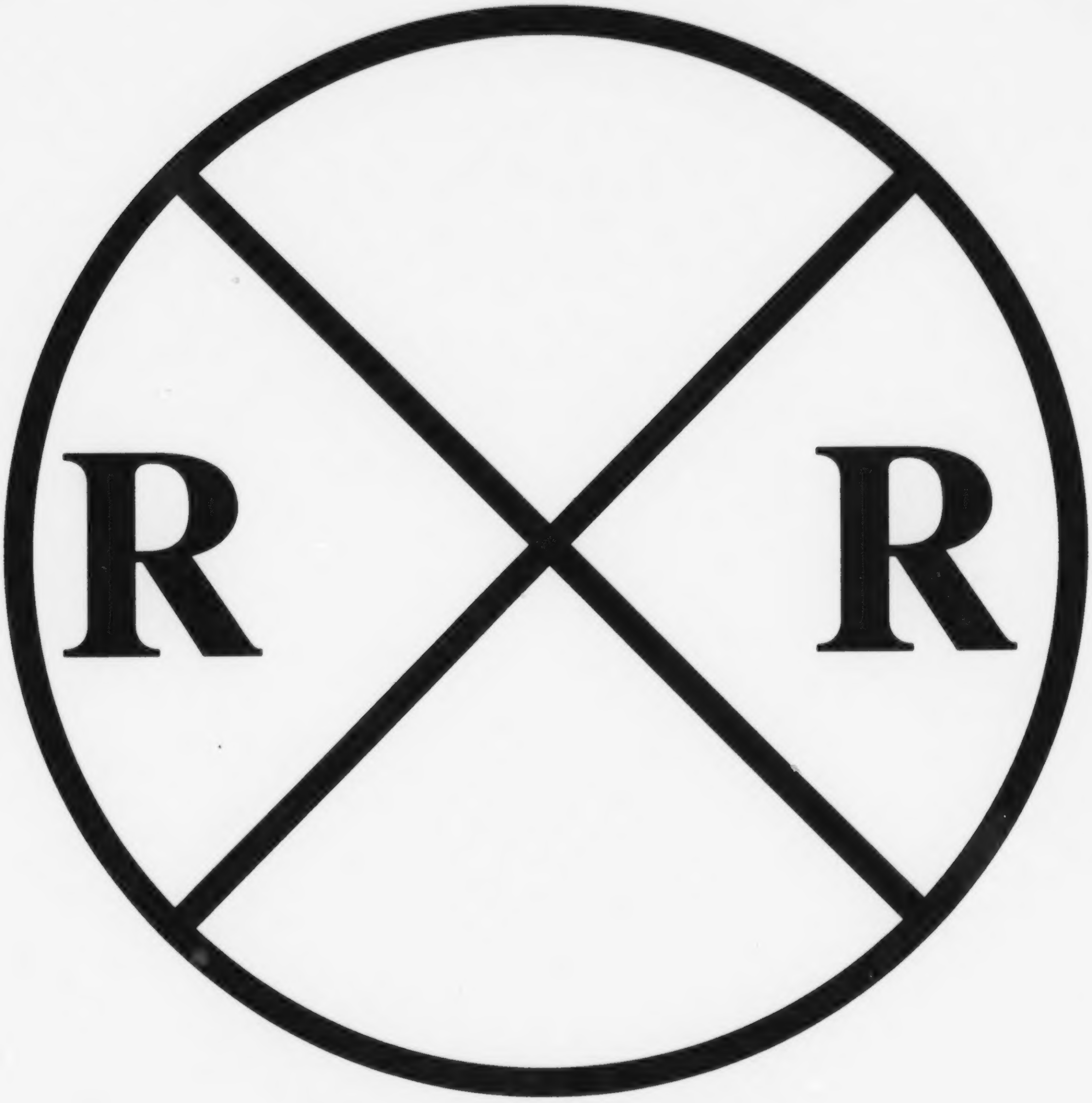
______________________ ______________________

______________________ ______________________

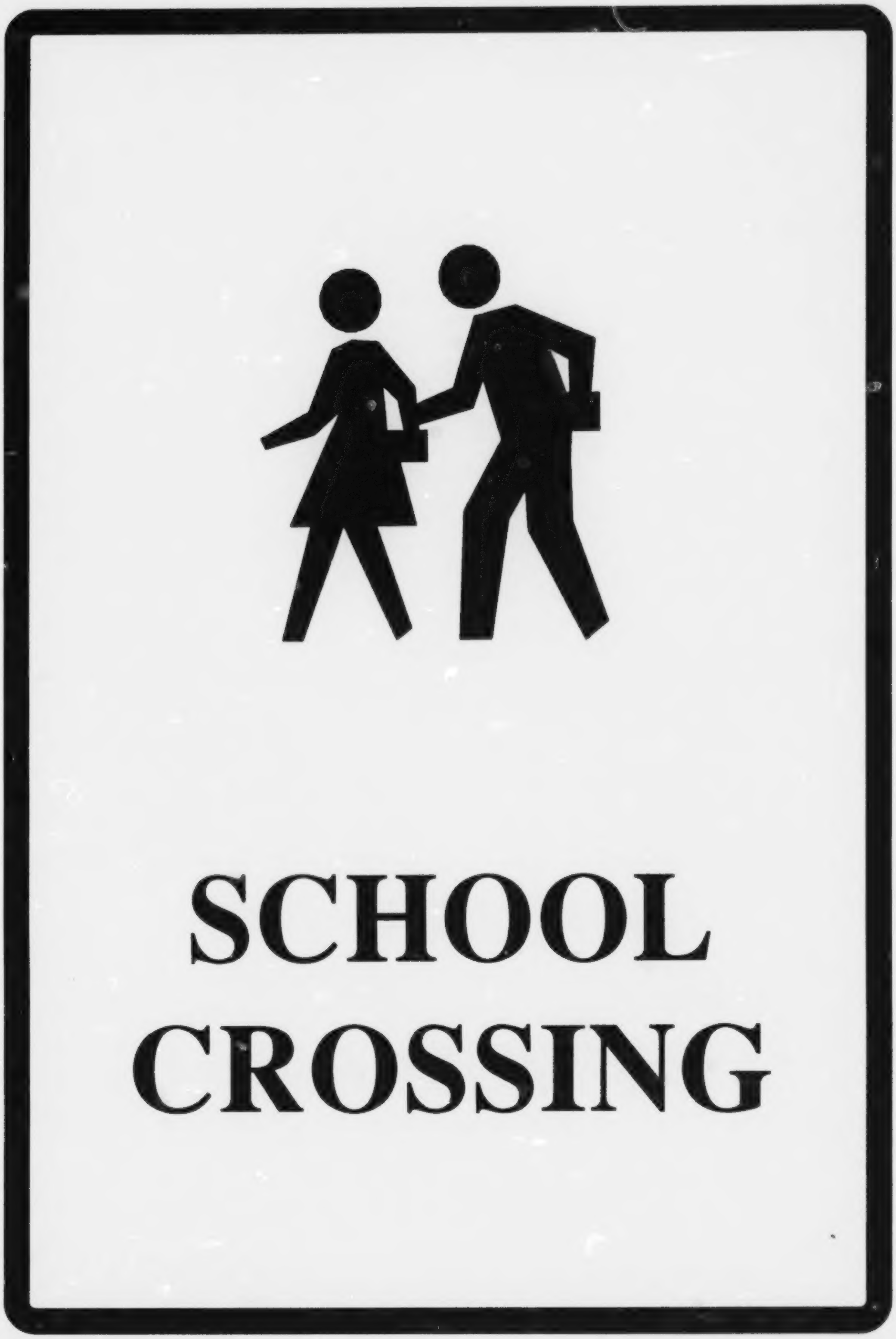
______________________ ______________________


STOP


YIELD

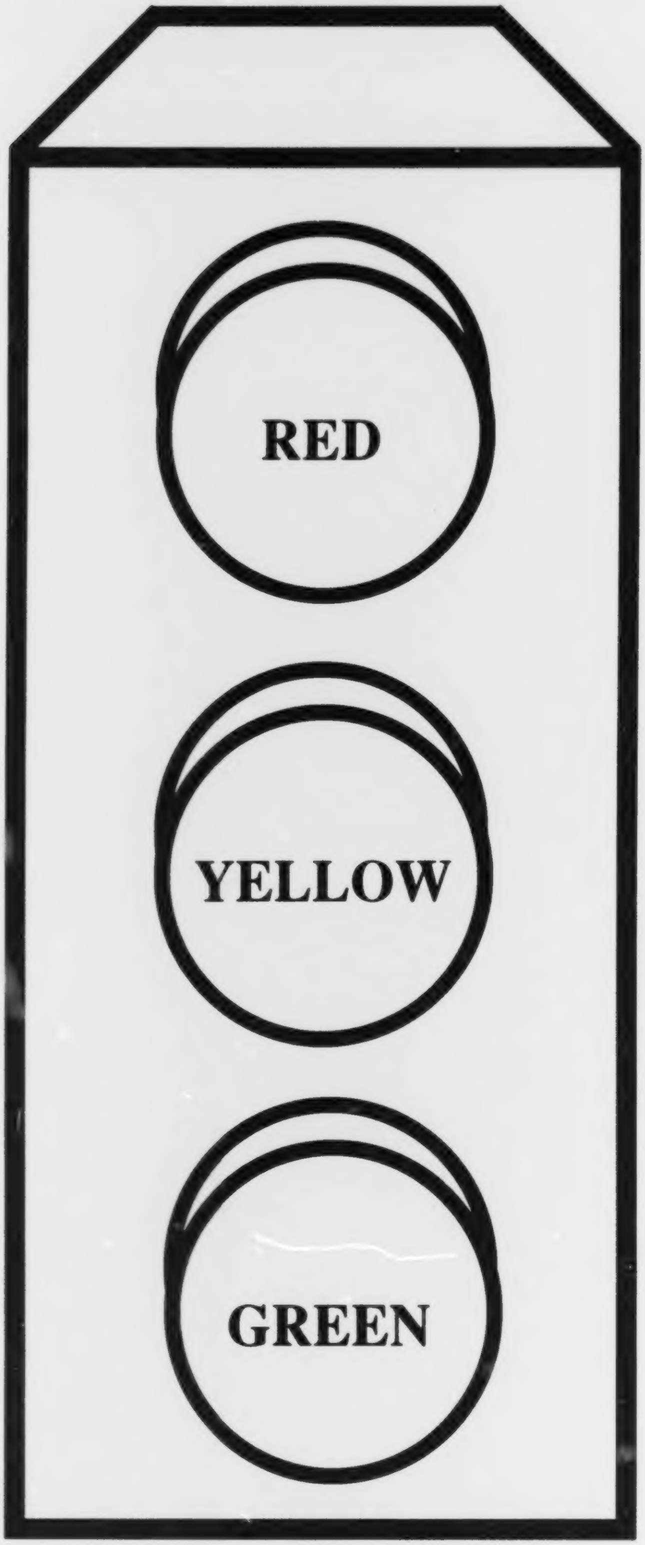

R
R

HANDICAP PARKING


SCHOOL
CROSSING

WALK

DON'T
WALK


RED
YELLOW
GREEN

UNIT III:

PEDESTRIAN SAFETY

In our fast-paced lives, many of us have become better jaywalkers than pedestrian safety advocates. The goal of this unit is to instill "pedestrian patience" as well as review pedestrian safety tips and safety signs. Rachel Raccoon is the safety animal in this unit.

PEDESTRIAN SAFETY

(Preschool-Kindergarten)

LIFESTYLE GOALS

I. Recognize potential hazards for pedestrians in streets and parking lots

II. Practice "safety first" in crossing public streets

III. Obey signs and signals for pedestrian safety

LEARNING OBJECTIVES

Upon completion of this unit, students should be able to:

1. Demonstrate the safety rule of "Stop, look both ways, and listen"
2. Identify signs and signals which apply to pedestrians
3. Demonstrate the proper way to cross a street
4. Demonstrate proper way to wait for, enter, and leave a school bus

Activity 1: Wait for the Signal *Obj. 1-3*

Show the class the traffic symbol for "Pedestrian Crossing" (p. 71). Explain that a pedestrian is a "walker." Display the following pedestrian traffic signs, and explain what each sign means.

Show the "School Crossing" sign (p. 73) and explain that crosswalks are special paths which allow walkers to cross streets safely.

Show a "Walk" sign (p. 75) and explain that this sign tells pedestrians when it is safe to cross the street. Tell the students that a "walk" sign is like a green light for walkers.

Show the "Don't Walk" sign (p. 77) and explain that it is not safe to walk in the crosswalk when this sign is on. Tell the students that a "Don't Walk" sign is like a red light for walkers.

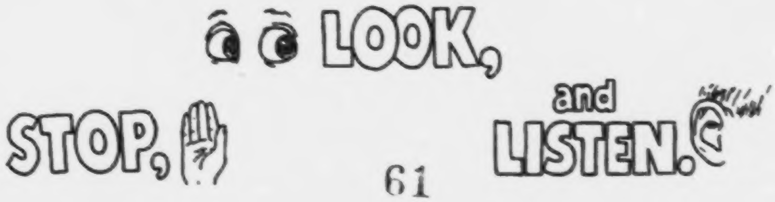
Show the "Stop, Look, and Listen" picture (p. 79), emphasizing that every time students are near a busy street they should use their eyes and ears to stop, look, listen!

Activity 2: Traffic Patrol *Obj. 1-3*

Divide your students into two or more groups of "pedestrians." Make a crosswalk by taping two strips of white paper on the floor. Tell your students to pretend that they are crossing the street. Hold up the "Don't Walk" sign for the first group. The "pedestrians" should obey their signal, waiting patiently until you show them the "Walk" sign. Repeat this activity with each group. Discuss what might happen if they did not obey these signs. As a follow-up to this activity, have the students identify crosswalks in their neighborhood (if any) and report back to the class about them.

Activity 3: Stop, Look, and Listen *Obj. 1-3*

Show the children the pictures on pages 81and 83. Have them describe what Mr. Goof is doing that might cause an injury. Then have them describe how Rachel is behaving safely in the same situation. Similarly, show the students the pictures of Mr. Goof and Rachel on pages 85 and 87 and ask them to describe these unsafe (Mr. Goof) and safe (Rachel) situations.



Activity 4: **Help Mr. Goof Cross the Street** *Obj. 1-3*

Copy the picture on page 89 for your students. Use the following question to motivate a discussion:

Before Mr. Goof crosses the street, what should we tell him?

The discussion should cover the following answers:

Stop, look, and listen (have the children role play by holding up their hands in the stop position, looking both left and right, and putting their hands to their ears)

Wait for the "Walk" sign, then make sure all the cars have stopped before you cross the street

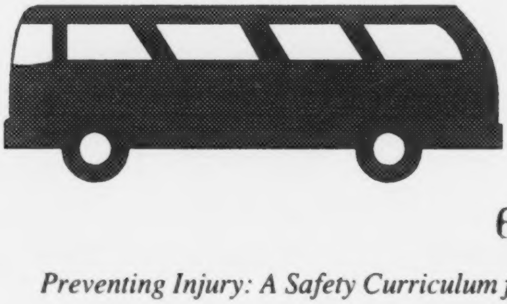
Use the crosswalk

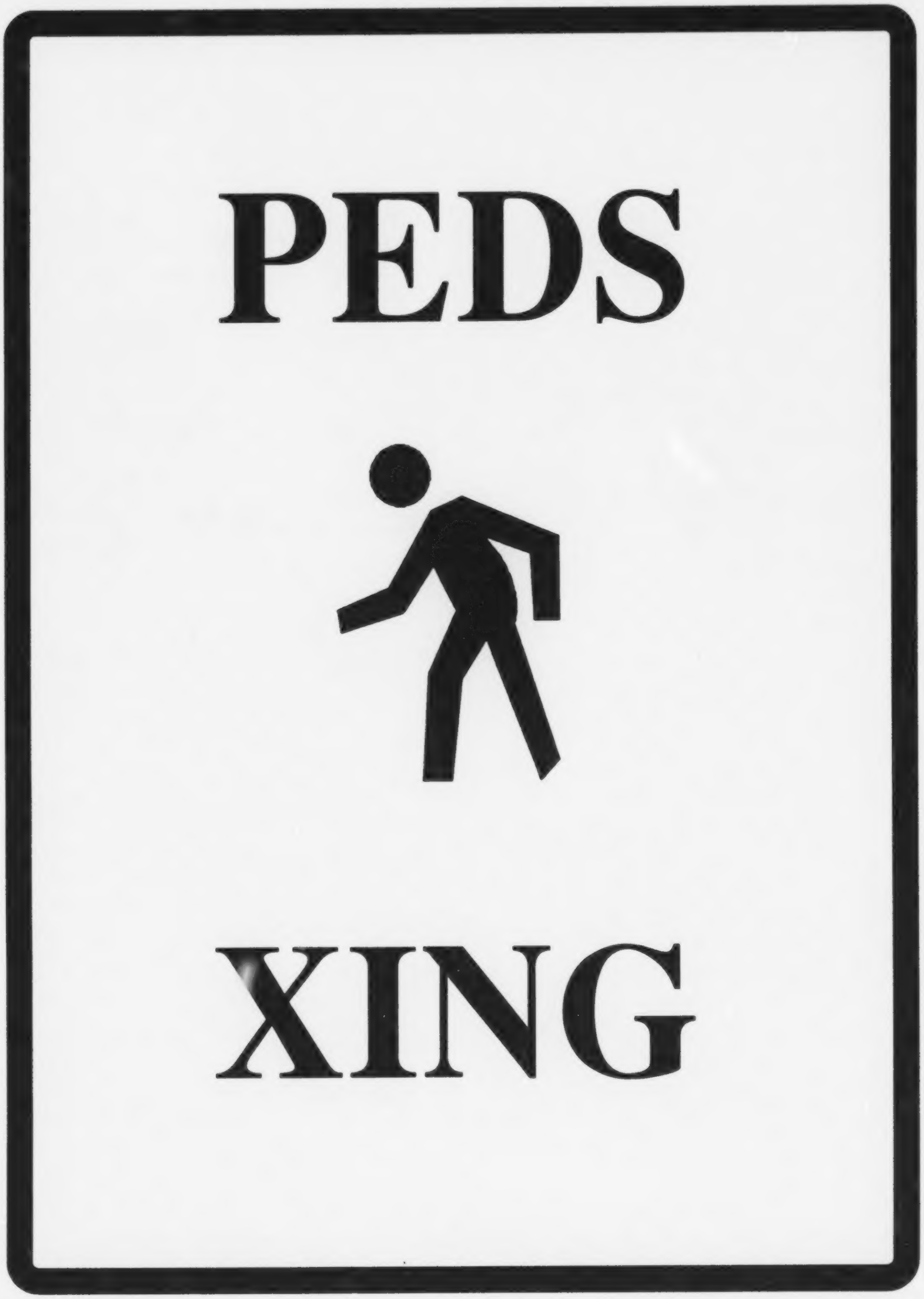
Alternative activity: Take your students out to the nearest crosswalk and practice safety procedures for crossing the street.

Activity 5: **Always Be Seen** *Obj. 4*

During "circle talk" time, ask each child (1) if he or she rides a school bus, and (2) where he or she waits to get on the bus. Discuss the importance of standing away from the street, where children can be seen by the bus driver.

Arrange chairs to represent a school bus. Demonstrate how to get on the bus (wait for bus to stop and door to open before going near the street, enter single-file, hold handrail when stepping up). Demonstrate how to get off the bus (wait patiently in line to exit, no pushing or shoving, hold handrail when stepping down). Explain to the students that if they must cross the street they should walk several feet in front of the bus to allow the driver to see them. Tell them that if they drop something they should not go back for it until the bus and all cars are gone.

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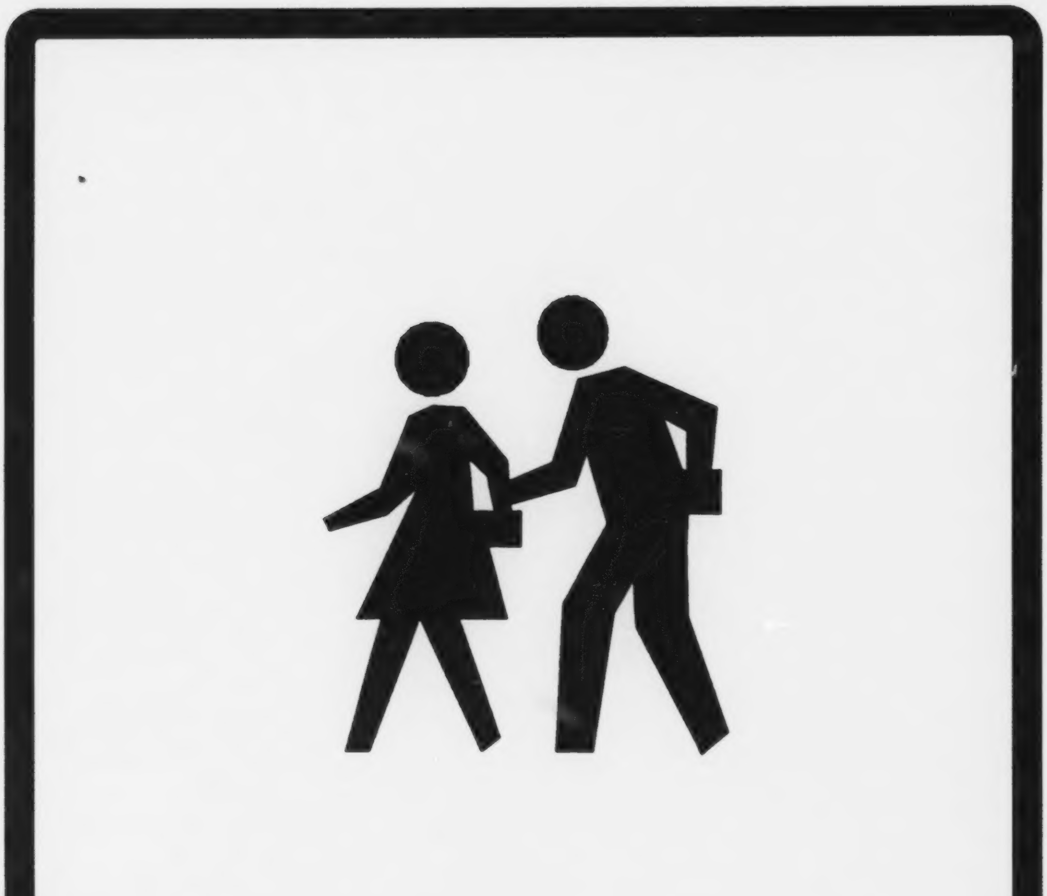
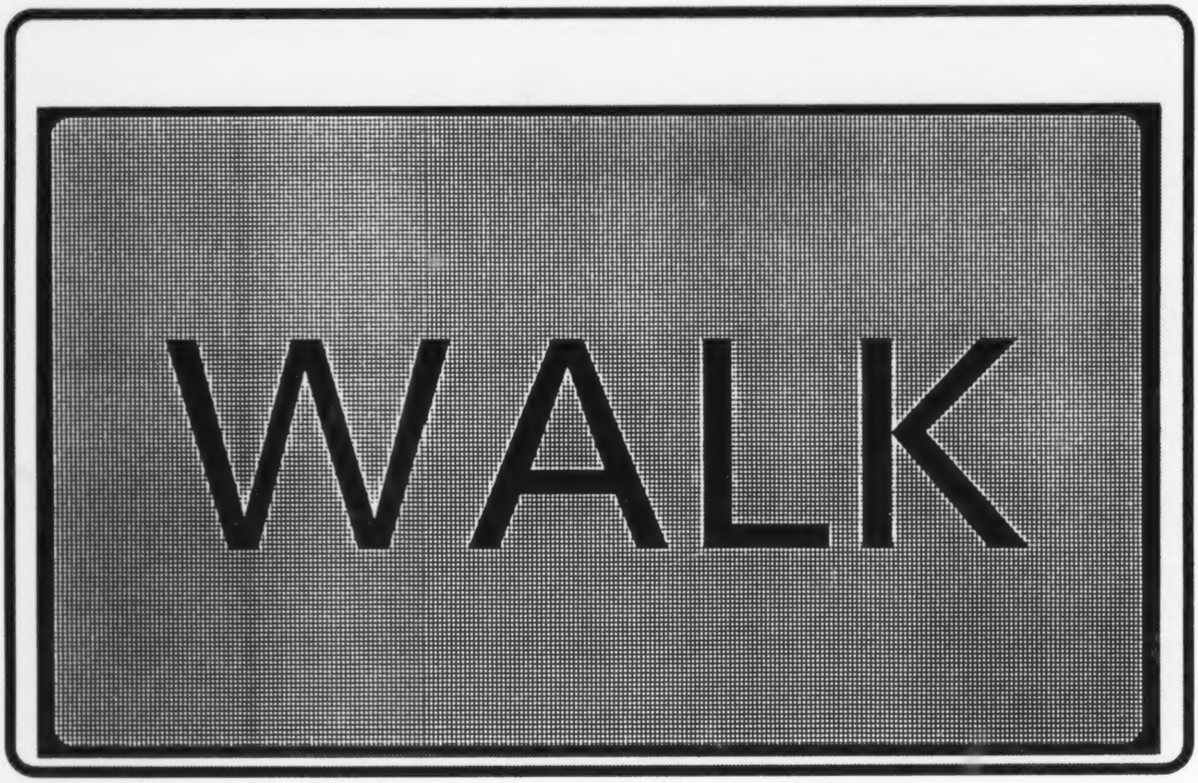
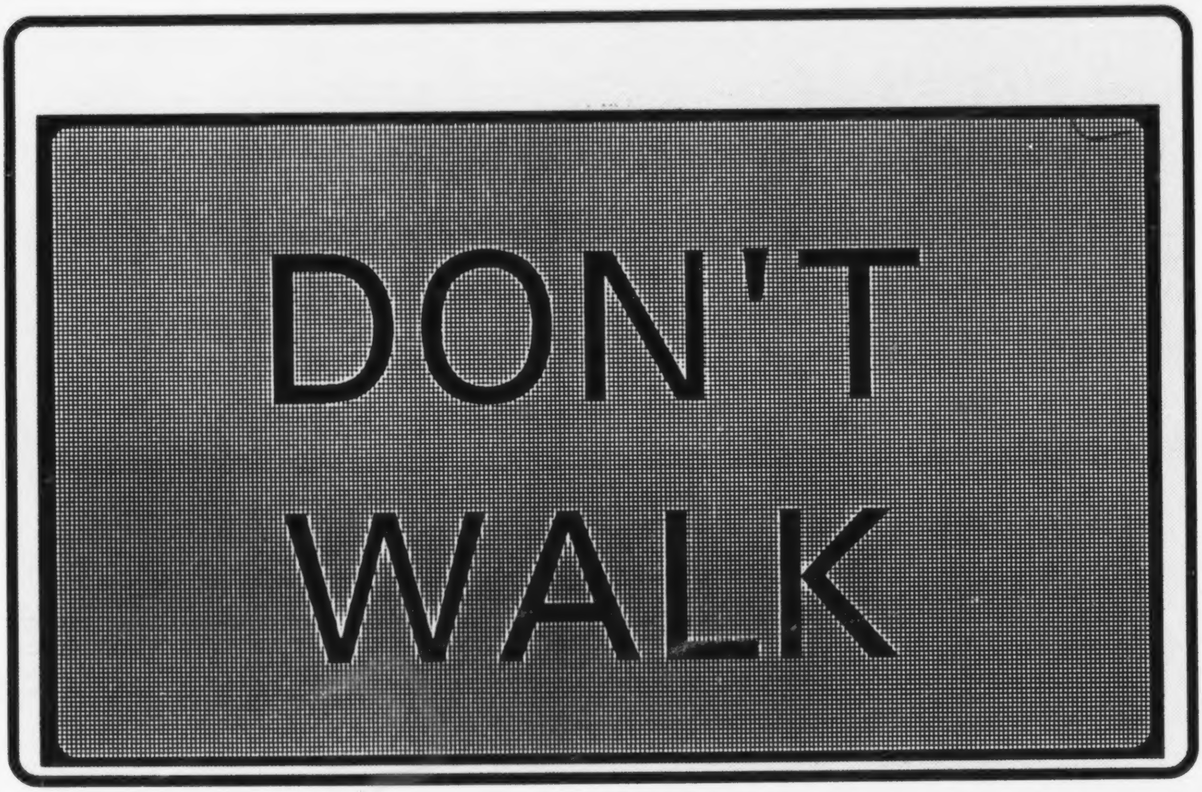

SCHOOL
CROSSING


WALK

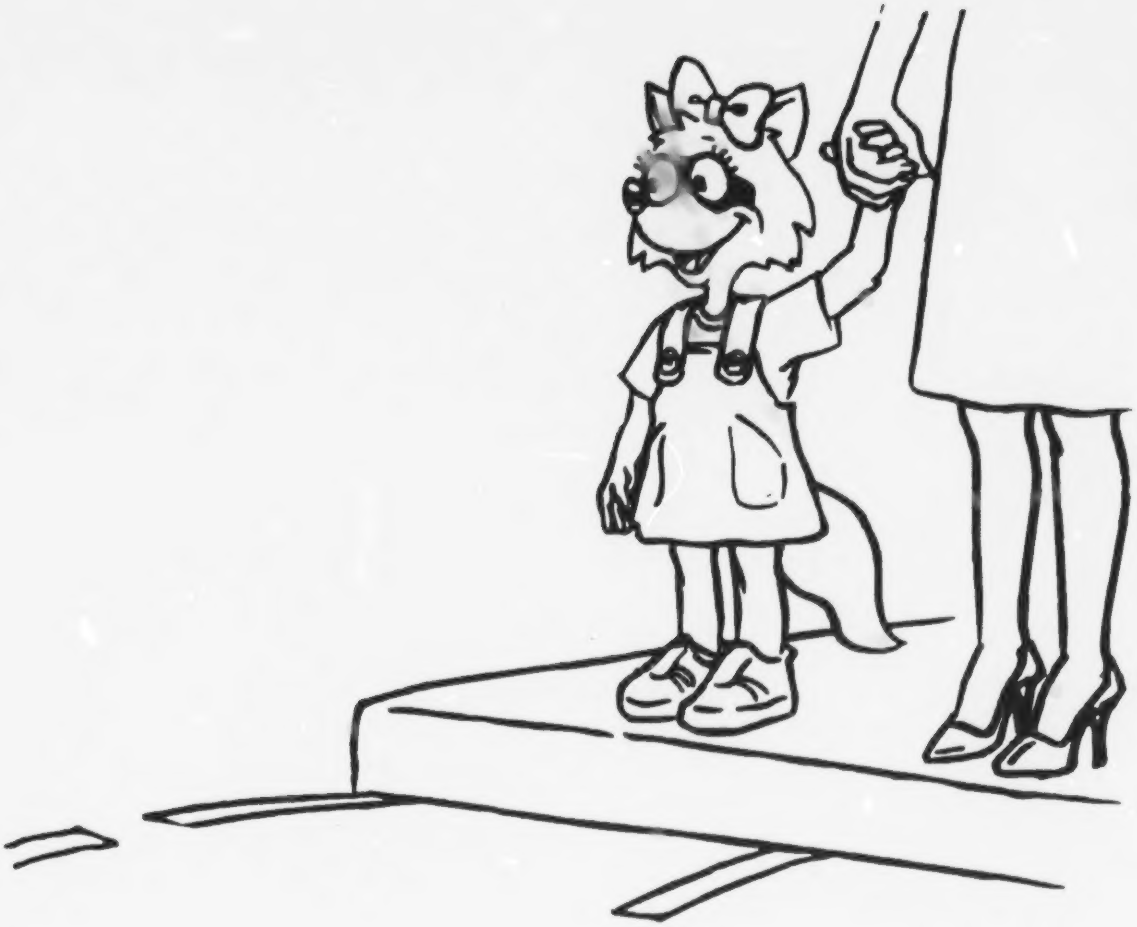

DON'T
WALK

STOP,

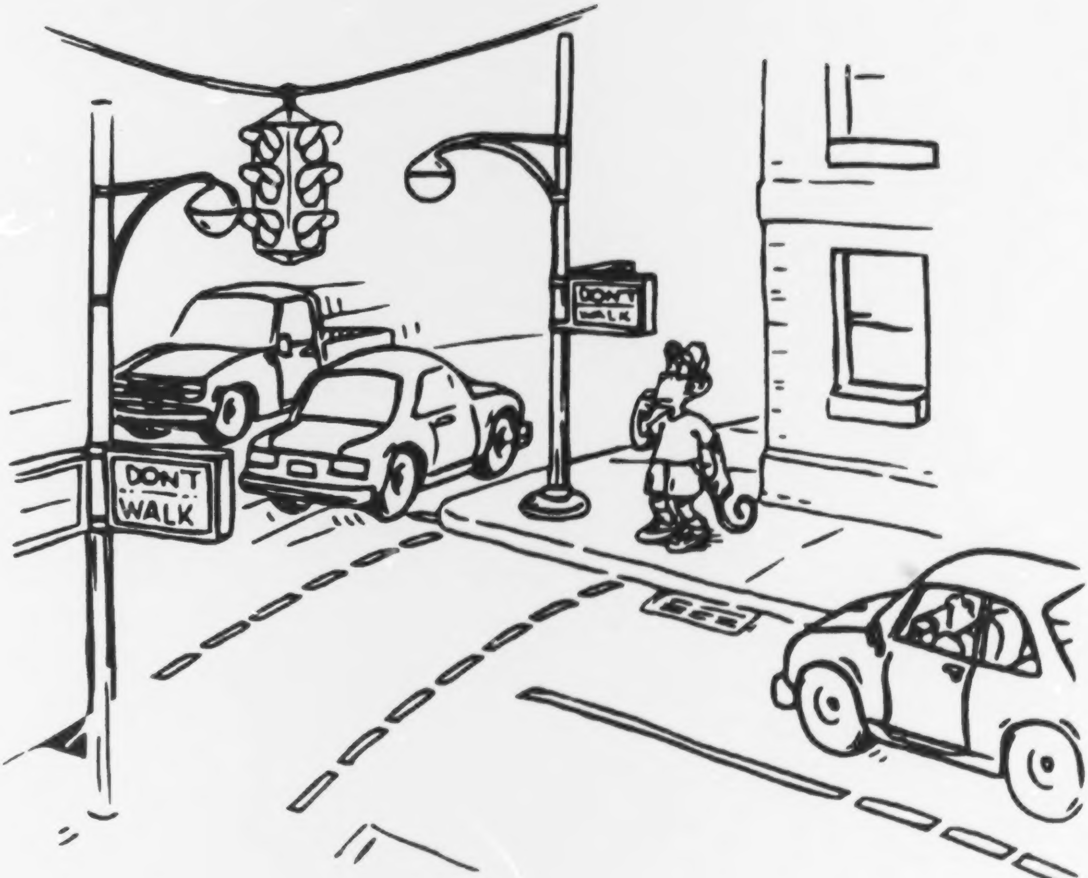
LOOK,

and

LISTEN.



WALK


DON'T WALK
DON'T WALK

UNIT IV:

BIKE SAFETY

Bike helmets and other protective gear have been shown to save lives and prevent serious brain injuries. Bike racing has gained popularity in recent years. The fact that the helmets and pads worn by these racers are so highly visible makes using such safety gear more acceptable to young bike riders. Although not all students will be riding bikes before first grade, many will have attempted to ride, or will be using training wheels. The goal of this unit is to establish a habit-forming routine of wearing bike helmets and other safety equipment when riding bikes, even on the shortest rides. Tuttle Turtle is the safety animal in this unit.

BIKE SAFETY

(Preschool-Kindergarten)

Tuttle says, "Always wear your bike helmet!"

LIFESTYLE GOALS

I. Wear appropriate clothing and/or gear to promote bike safety

II. Be aware of possible hazards when bike riding

III. Obey traffic rules and signs when riding bikes on public streets

IV. Use good judgment and avoid risks "off road"

LEARNING OBJECTIVES

Upon completion of this unit, students should be able to:

1. Identify protective clothing and gear appropriate for bike riders

2. Identify safe and unsafe places to ride bikes

3. Identify risks inherent in bike riding

74

Activity 1: Tuttle's Bike Safety Tips *Obj. 1-3*

Discuss the following safety tips with your class, then post the pictures on pages 95-103 for display in the classroom. Have students memorize the tips and ask them to recite them periodically throughout the school year.

a. Page 95: WEAR A HELMET AND SHOES! (Always wear a helmet and shoes when riding your bike.)

b. Page 97: LOOK AND LISTEN! (Use your eyes and ears to look and listen carefully.)

c. Page 99: RIDE WHERE IT'S DRY! (Wet pavement can be slippery and dangerous, so give yourself extra time to stop, or better yet, ride only where it's dry.)

d. Page 101: RIDE WHERE IT'S SMOOTH! (Stay away from loose gravel and bumpy pavement.)

e. Page 103: STAY OUT OF THE STREET! (It's hard for people in cars to see kids on bikes or trikes.)

Activity 2: Hard Hats *Obj. 1, 3*

Have the students cut out pictures of different kinds of helmets (firefighter, motorcycle driver, construction worker, bike rider, football player, etc.) and make a class collage. Discuss the possible consequences of not using these helmets. Ask if everyone needs to wear a hard hat or helmet all the time. Ask students how they will know when to wear a hard hat or helmet.

Activity 3: Bike Safety Field Trip *Obj. 2, 3*

Take your class on a safety field trip. Walk outdoors to look for safe and unsafe places to ride bikes. Discuss why certain places are safe or unsafe. If a class trip is not feasible, have the students describe safe and unsafe places with which they are familiar.

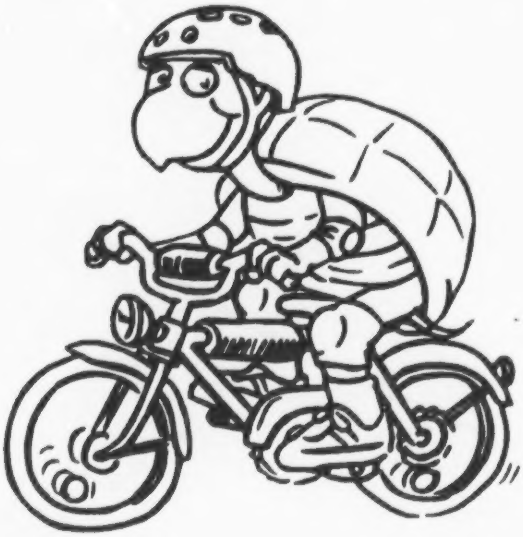
Examples:

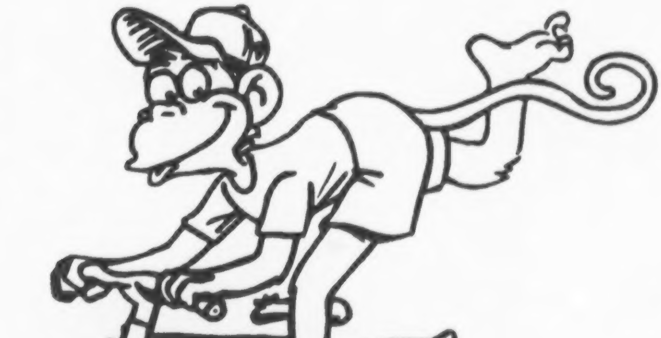
Safe - driveways, parks, yards

Unsafe - streets, bumpy driveways, gravel paths, wet pavement

Activity 4: **Who Is Dressed Safely** *Obj. 1, 3*

Give each student a copy of the drawings on page 105. Ask them what differences they see in the way Mr. Goof and Tuttle Turtle are dressed (Tuttle has a helmet, elbow pads, knee pads, laced up shoes; Mr. Goof does not). Ask them what differences they see between Mr. Goof's bike and Tuttle's bike (Tuttle's bike has reflectors, a headlight, padding on the bar, and a chain guard; Mr. Goof's does not). You may also want to point out the consequences of Mr. Goof's unsafe behavior. Have them color the picture.

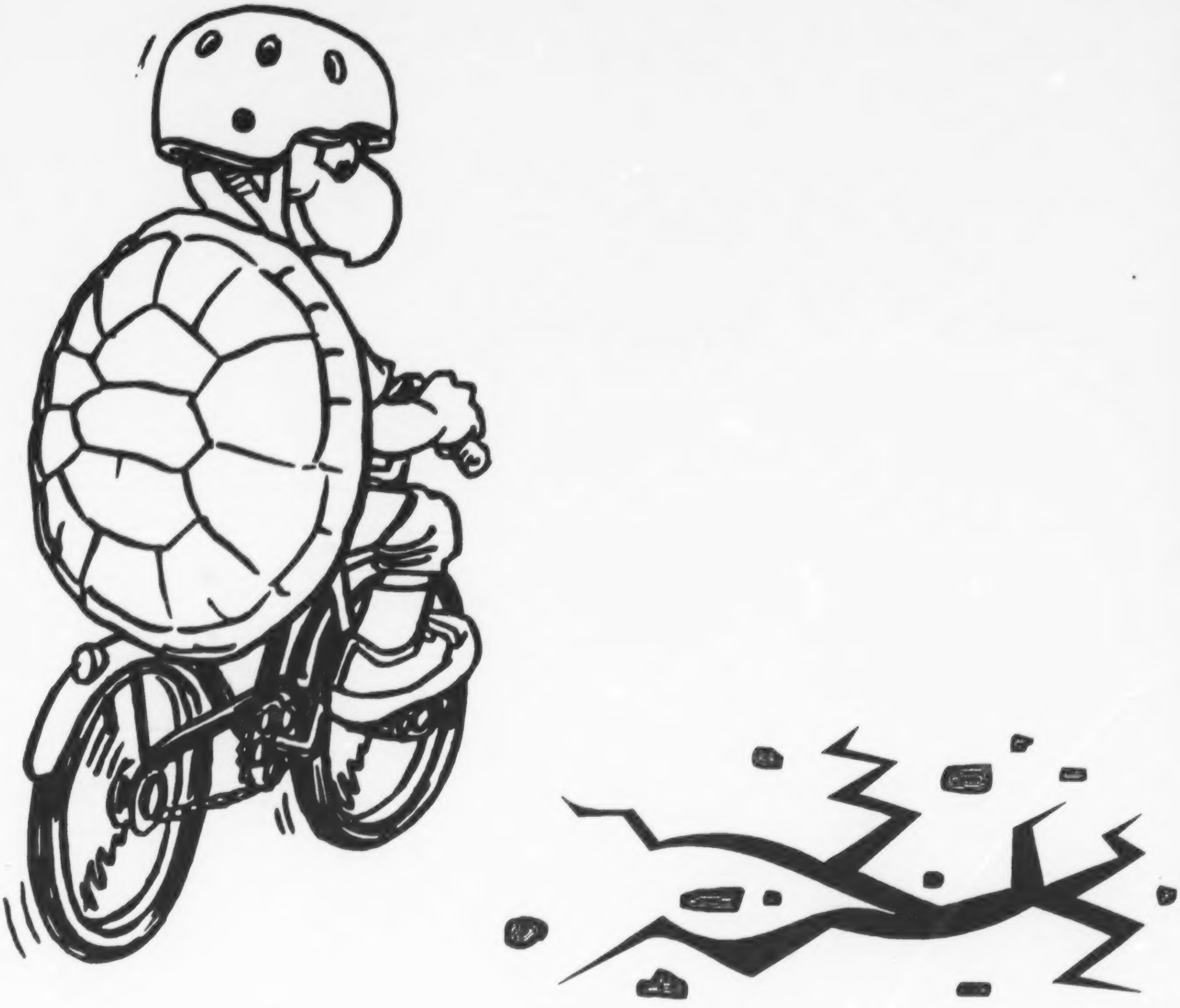




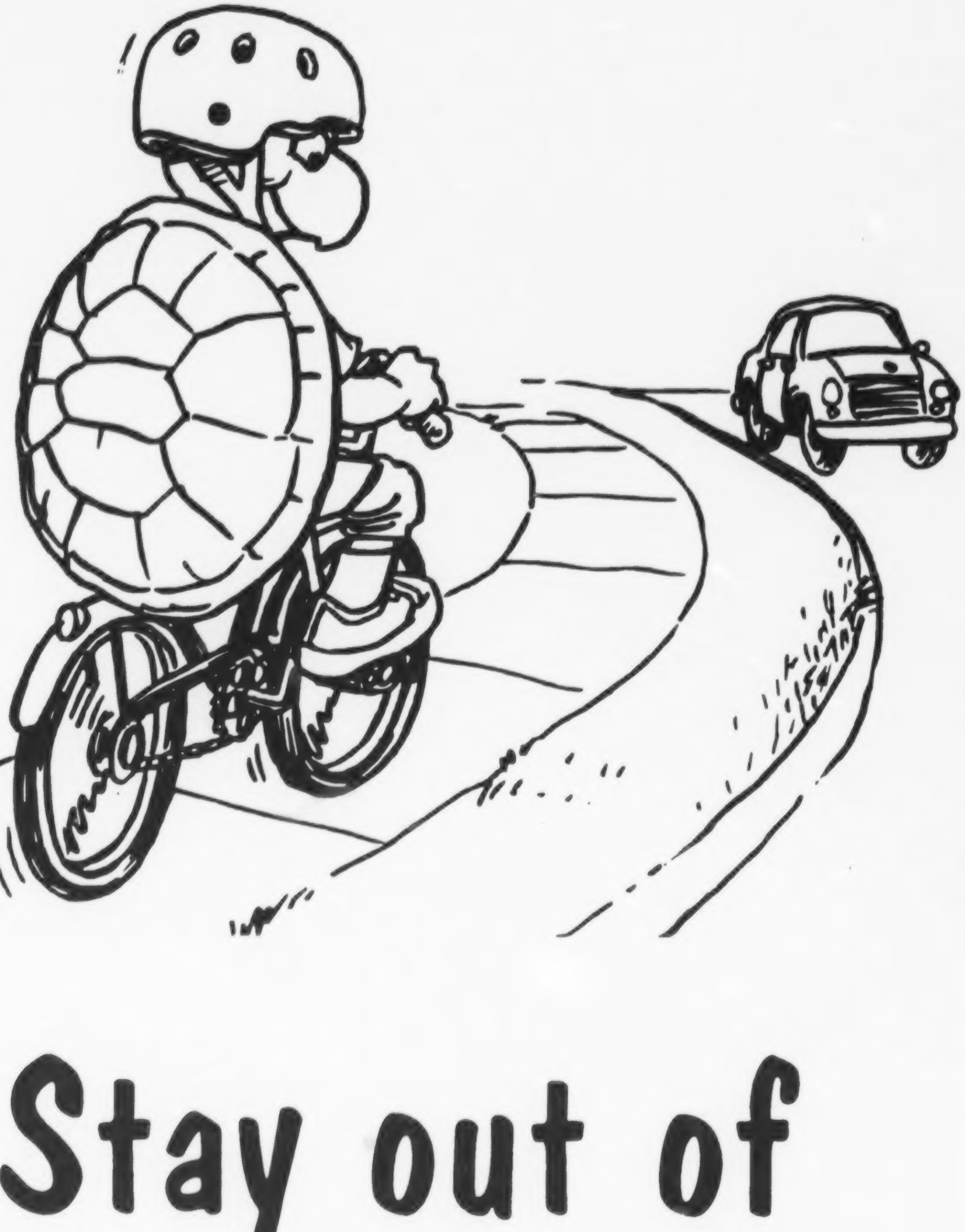
Wear a helmet and shoes!

Look and listen!

Ride where it's dry!



Ride where it's smooth!



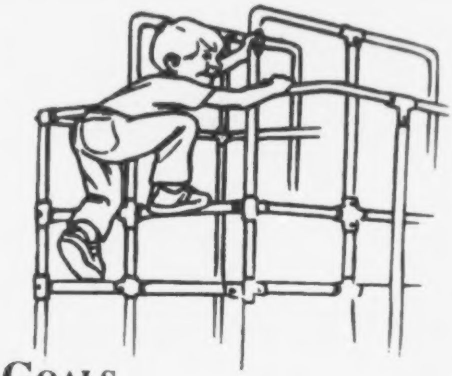
Stay out of the street!

UNIT V

PLAYGROUND/RECREATIONAL SPORTS SAFETY

Recreational activities, both on the playground and in organized sports, are an important outlet for children. However, safety awareness is essential to reduce the number of recreational accidents (sports activities are the fourth leading cause of spinal cord injury). Alli Cat will introduce the safety tips for this unit.

PLAYGROUND/RECREATIONAL SPORTS SAFETY
(Preschool-Kindergarten)



LIFESTYLE GOALS

I. Be aware of potentially dangerous situations in play areas

II. Take responsibility for one's own safety on the playground

III. Use proper equipment and appropriate clothing for selected sports

IV. Follow rules of the game/sport

V. Practice conditioning before and after exercise

LEARNING OBJECTIVES

Upon completion of this unit, students should be able to:

1. Identify hazards of inappropriately using playground equipment
2. Be aware of the possible consequences of playing in unsafe areas
3. Be aware of the possible consequences of not following the rules or dressing appropriately for recreational activities
4. State the importance of warming up before and cooling down after exercise

Activity 1: Alli Cat's Safety Tips *Obj. 1-4*

Discuss the following safety tips with your students, then post the pictures on pages 111-119 for class display. Have students memorize tips and ask them to recite them periodically throughout the school year.

a. Page 111: STAY AWAY! (Stay far enough away from swings and slide so that you cannot get hit.)

b. Page 113: DON'T PUSH! (Be patient, don't push, wait your turn.)

c. Page 115: SIT AND SLIDE! (Always sit down when you slide.)

d. Page 117: DRESS RIGHT! (Always wear the proper clothing and/or equipment for the sport you are playing.)

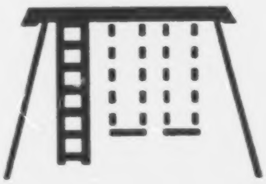
e. Page 119: WARM UP, COOL DOWN! (Always warm up before exercising and cool down afterwards.)

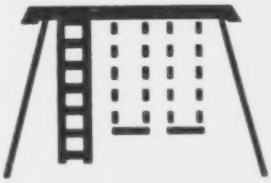
Activity 2: Safe Snapshots *Obj. 1-3*

[Materials needed: instant camera]

Take a picture of each piece of playground equipment. Help the children develop rules for using each piece of equipment safely. Post these rules with the appropriate picture in a special area in the classroom. Take pictures of the children using the equipment safely and post them next to the equipment pictures.

Make copies of Alli's Safety Cat Award on page 121 and present these awards in class to children whenever you see them practice safe playground behavior.





Activity 3: Safety Rule Review *Obj. 3*

During group/circle time, review the rules of the playground. Ask children to discuss how each rule helps to keep them safe while playing. Ask them what might happen if they did not follow the rules.

Activity 4: Body Awareness *Obj. 4*

After some simple "warm-up" stretching, have students exercise different parts of their bodies by acting out the activities below. Then follow-up with some "cool-down" stretching.

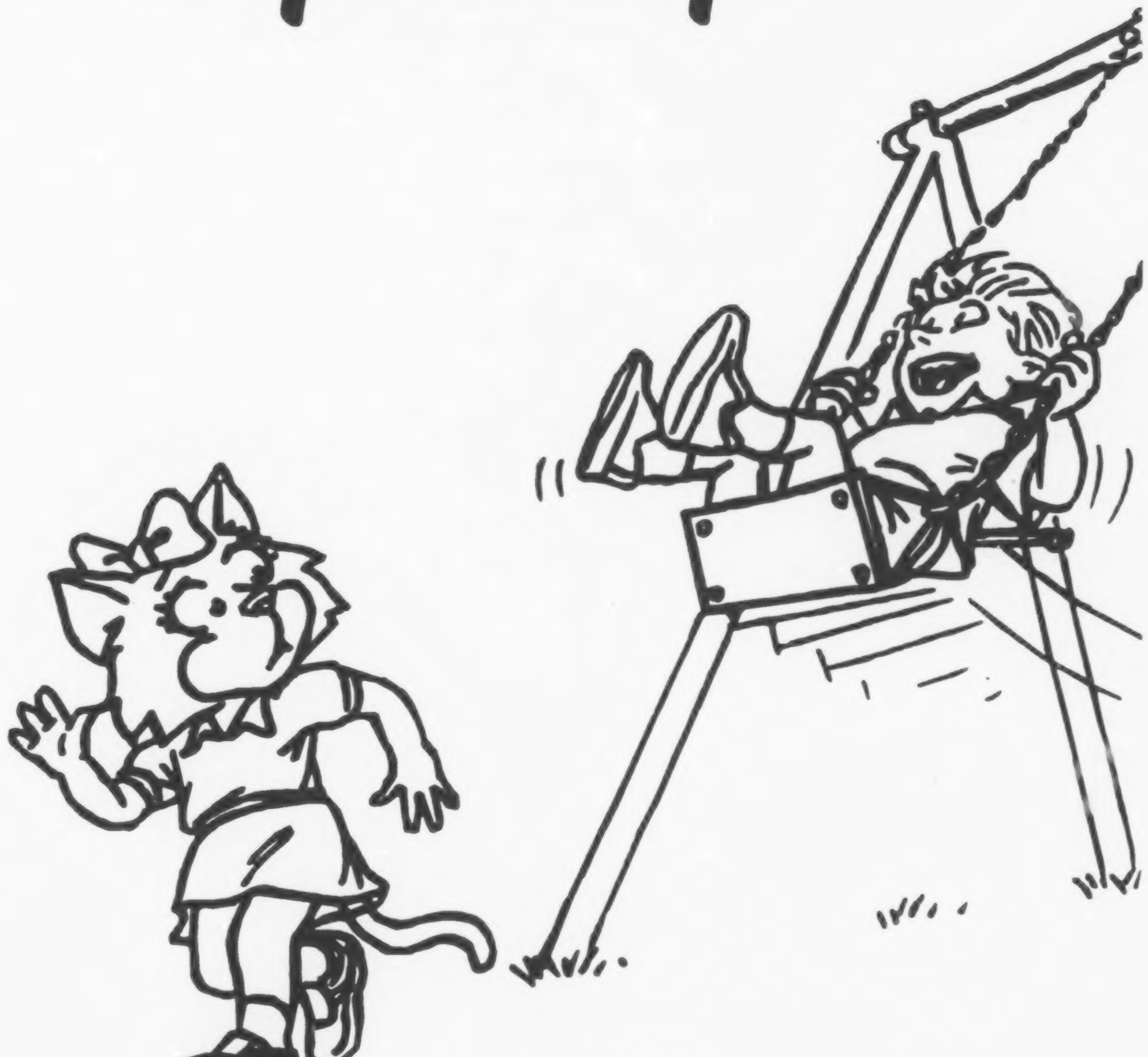
Stretching/Bending:
- Seeds sprouting
- Snowmen melting
- Trees being blown by the wind
- Worms wiggling through the earth
- Cake/bread rising in the oven
- Ice melting
- Spiders crawling

Fingers/Hand Movements:
- Stars twinkling
- Spiders crawling
- Cymbals clapping
- Mice running

Jumping:
- Mexican beans jumping
- One-legged kangaroos hopping
- Boxers dodging and dancing

Arm Movement:
- Trees reaching for the sun
- Leaves being tossed by the wind
- Birds flying
- Windmills spinning

Stay away!



Don't push!

Sit and slide.

Dress right!

Warm up, cool down.

ALLI CAT
AWARD

UNIT VI

PREVENTING FALLS

Even the simplest accident involving a fall can result in broken bones and bruises; some can be even more serious: falls are the second leading cause of spinal cord injury, and also are a major contributor to traumatic brain injury. This unit provides some simple facts and tips that can help "fall-proof" homes and yards and teach children to become more vigilant about situations that can lead to falls.

PREVENTING FALLS

(Preschool-Kindergarten)

Alli says "Don't fall- put away your toys!"

Lifestyle Goals

I. Understand the possible consequences of falls

II. Recognize potentially hazardous situations in the environment which might lead to falls

III. Recognize people at greater risk of falling (elderly, young children, pregnant women)

IV. Take steps to reduce the risk of falling

Learning Objectives

Upon completion of this unit students should be able to:

1. State the possible consequences of pushing or jumping on someone

2. Identify people at greater risk of falling

3. Identify ways to "fall-proof" play areas

Activity 1: Alli Cat's Safety Tips *Obj. 1, 3*

Discuss the following safety tips with your class, then post the pictures on pages 127-133 for class display. Have students memorize tips and ask them to recite them periodically throughout the school year.

a. Page 127: PICK UP TOYS!

b. Page 129: WATCH YOUR STEP!

c. Page 131: HOLD ON! (Always use the handrails on stairways)

d. Page 133: DON'T PUSH!

Activity 2: Show And Tell *Obj. 1, 2*

Show the class the pictures on pages 135 and 137. Ask them what the possible consequences of Mr. Goof's actions are (relate these to the possibility of getting a brain or spinal cord injury). Ask them how they feel about these situations (Have they ever been pushed or shoved? How does it feel?). Let each child have a turn to speak.

Activity 3: Can You Help? *Obj. 2, 3*

Read the following story beginnings to your students. Have them talk about what might happen at the end of the story. Use the questions included for motivating discussion.

a. An elderly man walked down the street and then realized he did not bring his walking cane.

   1. What should the elderly man do?

   2. Why does the man need the walking cane?

   3. Tell me how the walking cane could keep this man safe.

4. How could you help?

b. Laura's mom is going to have a baby very soon. Her stomach has gotten very big. She has trouble walking fast. Laura wants her mom to run.

   1. What could happen if she ran?

   2. Would this be safe for Laura's mom and her new baby brother or sister?

c. Anthony's little brother is two years old. He wants to go up and down the stairs by himself. He doesn't want to use the handrail because he wants to be "big" like Anthony.

   1. What could happen if he doesn't use the handrail?

   2. Does not using a handrail make you bigger?

   3. How could Anthony help his brother to be safe?

Activity 4: Bag It! *Obj. 2, 3*

[Materials needed: large paper bag, paint, sticker]

Remind the children of their responsibility to always keep the environment at school safe for everyone by returning all materials to the shelves. Suggest that the students do the same thing at home. Stress that many accidents occur when parents, grandparents, brothers, or sisters trip over toys and objects left on the floor or stairs.

Read the following poem:

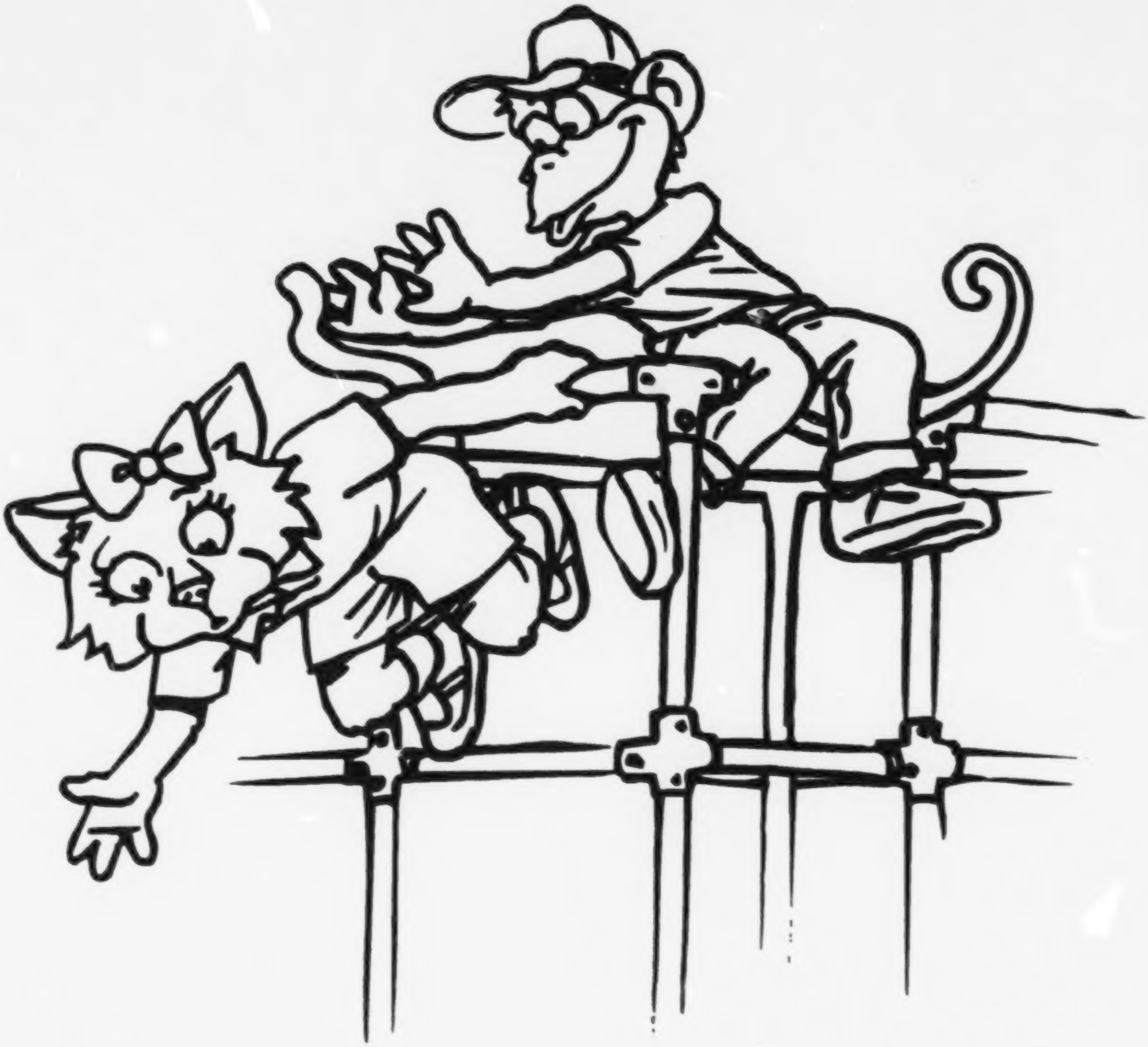
Finished with a toy, pick it up,
Don't cause others to have bad luck!
People may trip, people may fall,
From toys on stairs, so get them all!

Give each child a large paper bag with the caption "Bag It." Have them paint or decorate the bag with stickers. Have the children take the bags home so they can "accident proof" their homes. Have them tell the next day what they put in their bags at home.

Pick up toys!

Watch your step!

Hold on!



Don't push!

UNIT VII

WEAPONS SAFETY

Acts of violence are the third leading cause of spinal cord injury nationally (following motor vehicle accidents and falls). Most of these injuries are the result of gunshot wounds. The goals of this unit are to increase children's awareness of the potential for both brain and spinal cord injuries from weapons and to tell them what to do in potentially dangerous situations. This topic is a controversial one since many adults feel strongly about firearms and communicate their beliefs to their children. Some students' parents may believe guns should be feared and never handled; other parents may believe that guns are tools or sources of recreation which can be used safely by children under supervision. It may be best to emphasize the potential for danger when someone is using a firearm or other weapon inappropriately, and that children simply should not be handling firearms without supervision (whether they know how to do so or not). Duffy Dog, the safety character for this unit, is a pointer who "points out" appropriate and inappropriate responses to situations involving weapons.

WEAPONS SAFETY

(Preschool-Kindergarten)

Duffy says "Don't touch that gun!"

LIFESTYLE GOALS

I. Recognize potentially violent situations and act to avoid them

II. Minimize personal risks when confronted with potentially violent situations

III. Avoid unnecessary risk-taking behavior involving weapons which could result in acts of violence

LEARNING OBJECTIVES

Upon completion of this unit, students should be able to:

1. Identify potentially dangerous weapons or tools
2. Demonstrate what to do upon finding a weapon
3. Identify what to do when in the presence of a child or an adult using or threatening to use a weapon

Activity 1: Duffy Dog's Safety Tips *Obj. 1-3*

Discuss the following safety tips with your class, then post the pictures on pages 143-149 for class display. Have students memorize the tips and ask them to recite them periodically throughout the school year.

a. Page 143: DON'T TOUCH! (Never touch a gun or knife or any weapon without permission from your parents)

b. Page 145: TELL SOMEONE! (If you should find a gun or knife while playing, let your parents or an adult know immediately)

c. Page 147: TELL SOMEONE! (If you see someone with a weapon, tell your parents or an adult immediately)

d. Page 149: ASK AN ADULT! (Ask your parents for help if you have any questions about guns, knives, or other weapons)

Activity 2: Ask a Police Officer *Obj. 1-3*

Invite a police officer to visit your class to talk about safety around guns, knives, and other weapons. Have the officer explain what children should do in situations where they may find a weapon or see someone with a weapon. Ask the officer to explain the differences between toys and real weapons.

Activity 3: What Would You Do? *Obj. 1-3*

Read the following situations and ask students what bad things could happen. Next, ask students what they would do to prevent them:

a. You find a pair of your Mom's sharp sewing scissors in a chair.

b. Your younger brother reaches for a steak knife on the kitchen table.

c. Some of your friends are playing with a slingshot and they want to shoot at some children they don't like.

d. Your best friend wants both of you to play with his father's pocket knife.

Activity 4: Mr. Goof's Garage *Obj. 1*

[Materials needed: red and green crayons for each student]

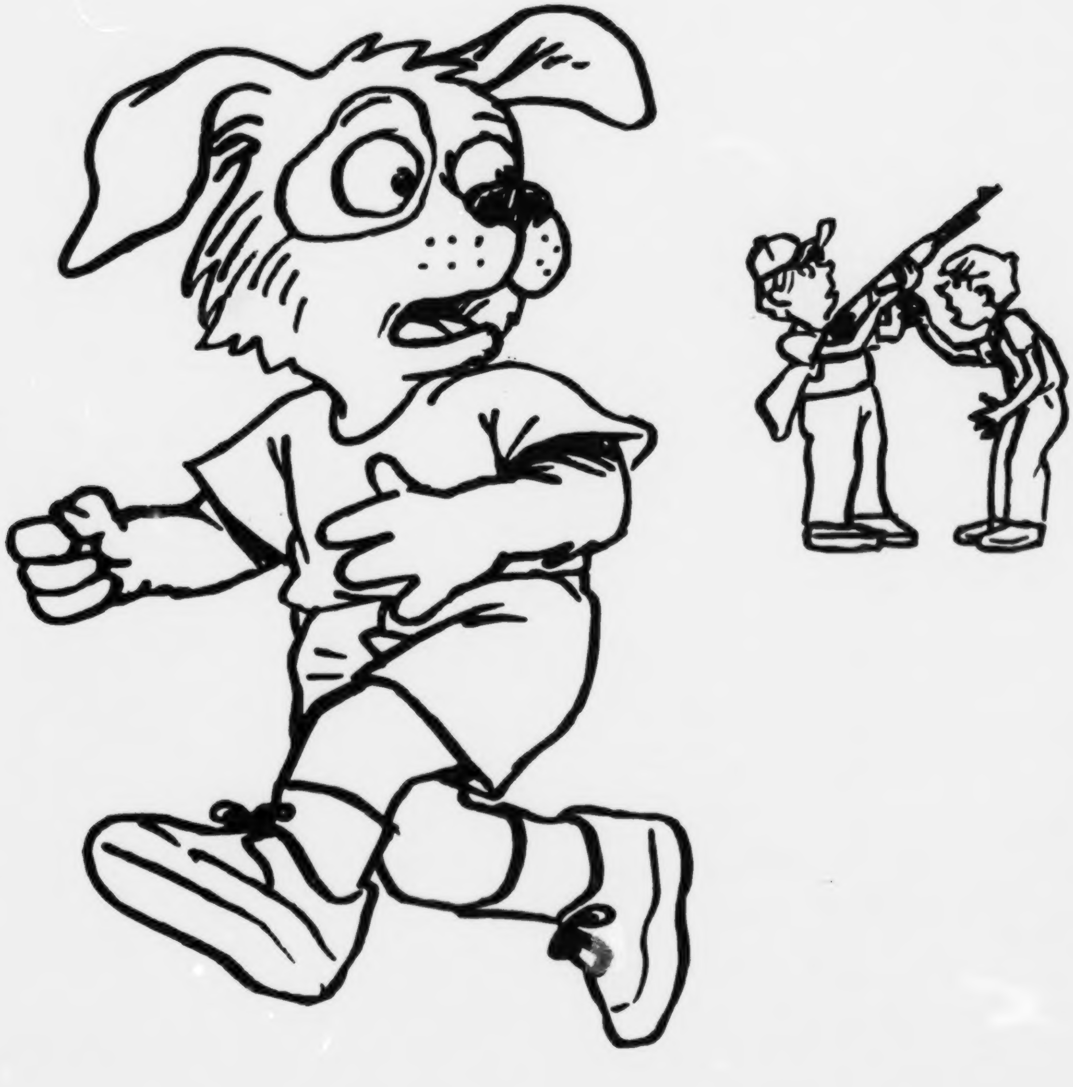
Make copies of the picture on page 151 to give to each student. After discussing the difference between real weapons and toys, read the following narrative:

This is Mr. Goof's garage. What a mess! Mr. Goof is looking for something to play with. Can you help Duffy Dog find safe toys for Mr. Goof to play with? Circle the safe toys with your green crayon. Do you see any dangerous tools or weapons that Mr. Goof should not touch? Mark an "X" with your red crayon on the things Mr. Goof shouldn't touch.

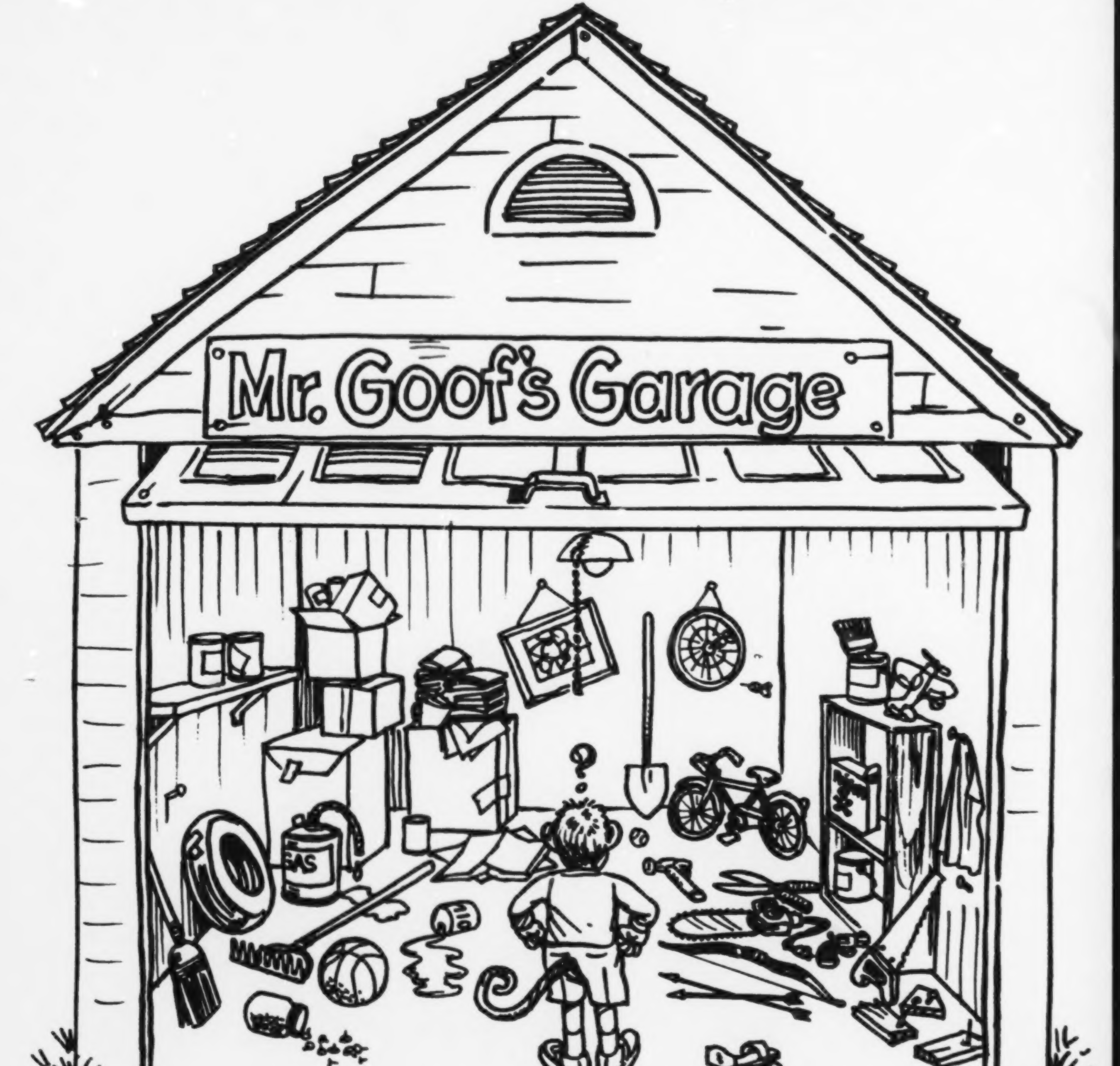
Don't touch!

Tell someone!

Tell someone!



Ask an adult.

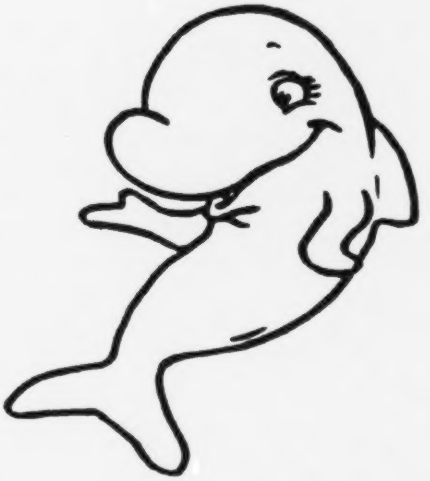

Mr. Goof's Garage
GAS
?

UNIT VIII:

WATER SAFETY

Water safety includes safety tips on swimming and diving in any body of water (pool, lake, etc.). Diving accounts for two-thirds of sports-related spinal cord injuries, so diving safety is emphasized in this unit. Safe water sports play is encouraged by giving precautions and positive alternatives. Awareness of the proper way to initiate water activities is demonstrated by this unit's safety animal, Daisy Dolphin. [This unit may be most effective if taught at the end of the school year just before swimming season.]

WATER SAFETY
(Preschool-Kindergarten)



LIFESTYLE GOALS

I. Understand and apply safe diving and swimming practices

II. Use approved water sport sites whenever possible

LEARNING OBJECTIVES

Upon completion of this unit, students should be able to:

1. Know the methods for assessing the safety of water environments
2. Demonstrate safe diving and how to safely enter unknown swimming areas
3. Identify protective gear for water activities and recognize when to use it

Activity 1: **Daisy's Water Safety Tips** *Obj. 1-3*

Discuss the following safety tips with your class, then post the pictures on pages 159-169 for display in the classroom. Have students memorize the tips and ask them to recite them periodically throughout the school year.

a. Page 159: SWIM WITH AN ADULT! (Never swim by yourself; always swim with an adult or lifeguard)

b. Page 161: WEAR WATER WINGS! (Always wear some form of flotation device if you're swimming in water over your head)

c. Page 163: WADE IN! (When you go swimming at a new place, always wade into the water first, don't dive or jump)

d. Page 165: CHECK THE BOTTOM! (Always have an adult check how deep the water is before you jump or dive. If swimming in a lake, pond, or river, have an adult check under the water for branches, rocks, sandbars, and other things you may not be able to see)

f. Page 167: ARMS OVER HEAD! (Always raise your arms over your head when diving)

g. Page 169: NO RUNNING! (Do not run around the sides of a pool)

Activity 2: **Sing Along With Daisy** *Obj. 1-3*

Sing the following song to the tune of "Here We Go Round the Mulberry Bush." Have the children go through the motions listed at the end of each verse.

Verse one:

This is the way we check the water
check the water
check the water
This is the way we check the water

Feet, Feet, Feet

(Child uses foot motions as if checking
the bottom of a lake, river, pond.)

Verse two:

This is the way we dive in the pool
dive in the pool
dive in the pool
This is the way we dive in the pool

Hands, Hands, Hands

(Child extends arms out with one hand meeting the other.)

Verse three:

This is the way we wear our wings
wear our wings
wear our wings
This is the way we wear our wings

When we're in a pool

(Child pretends to put on water wings.)

Activity 3: **Muddy Water** *Obj. 1*

[Materials needed: Clear glass bowl or small aquarium; water; sand; dark blue food coloring; rock, piece of metal, piece of glass, etc.; rubber glove]

Before class, place a layer of sand in the bottom of the bowl or aquarium, then place the rock, metal, glass, and any other objects you may choose on top. Fill the container with water and mix in enough dark blue food coloring to obscure the submerged objects. Tell the students to imagine that this bowl of water is actually a lake and ask them the following questions:

Do you think this lake is safe to dive into? Why or Why not?

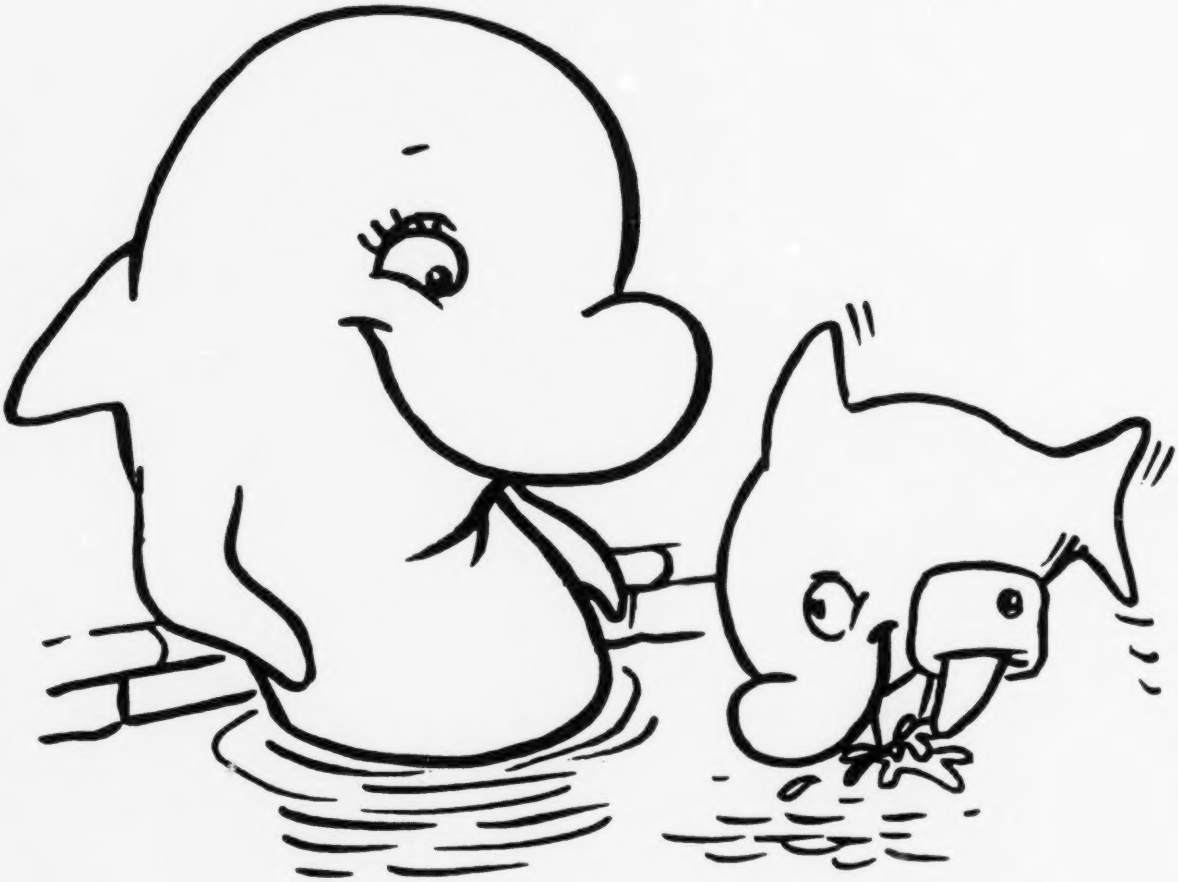
What do you think might be at the bottom of this lake?

Pull out the submerged objects. Ask the class the following questions:

What do you think could happen if you dive into the water without checking to see what is there?

How would you find out what is on the bottom of this lake?

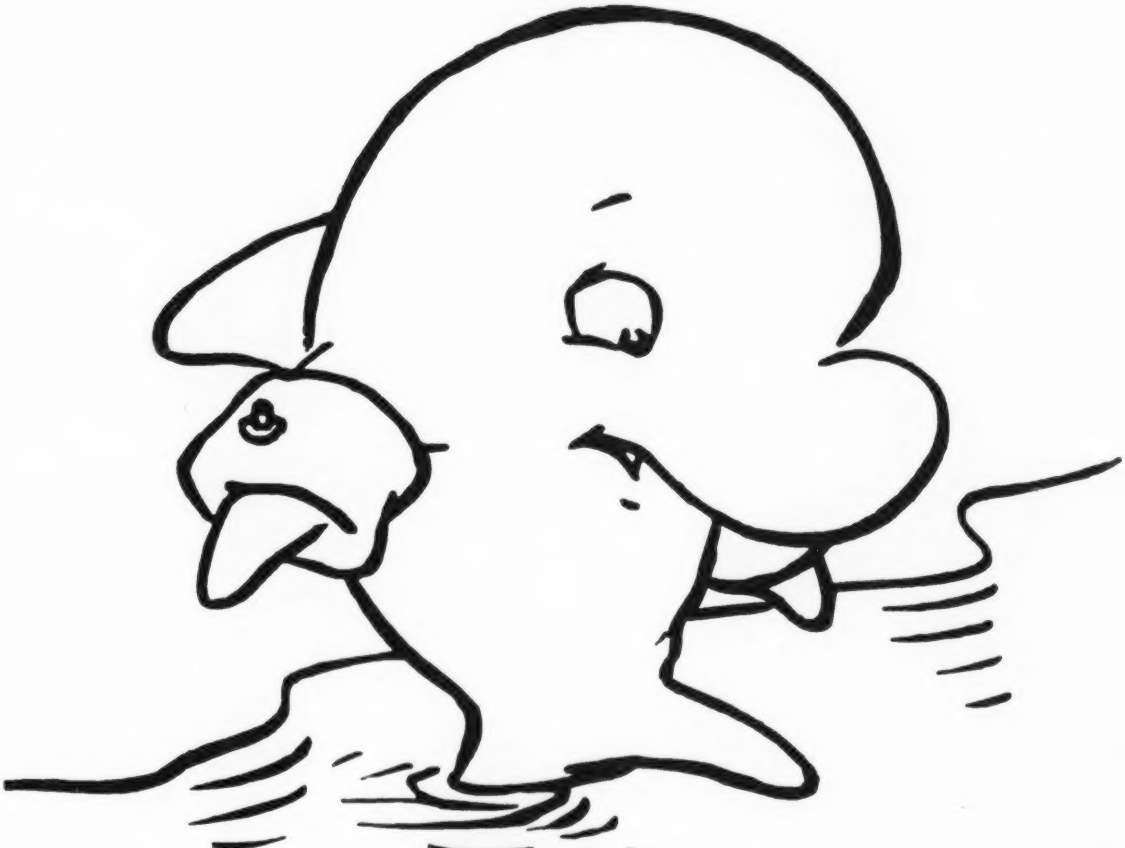
Where do you swim? Do you know what's on the bottom?

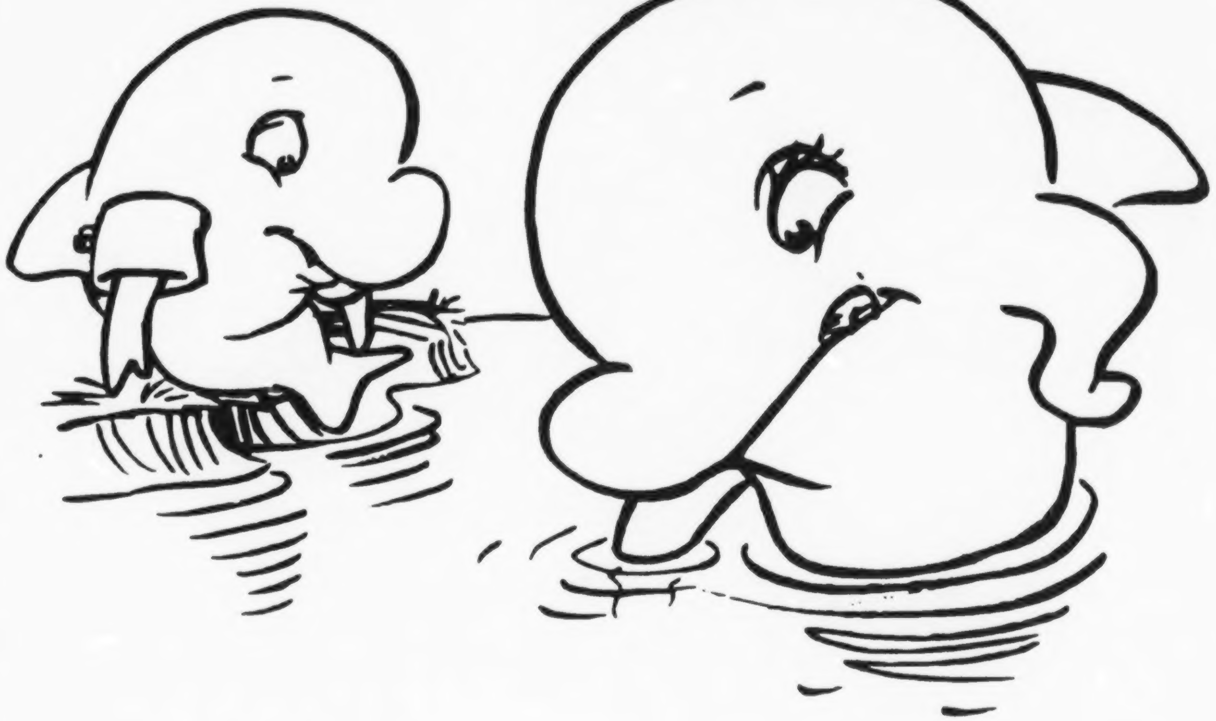


Swim with an adult!

Wear water wings!

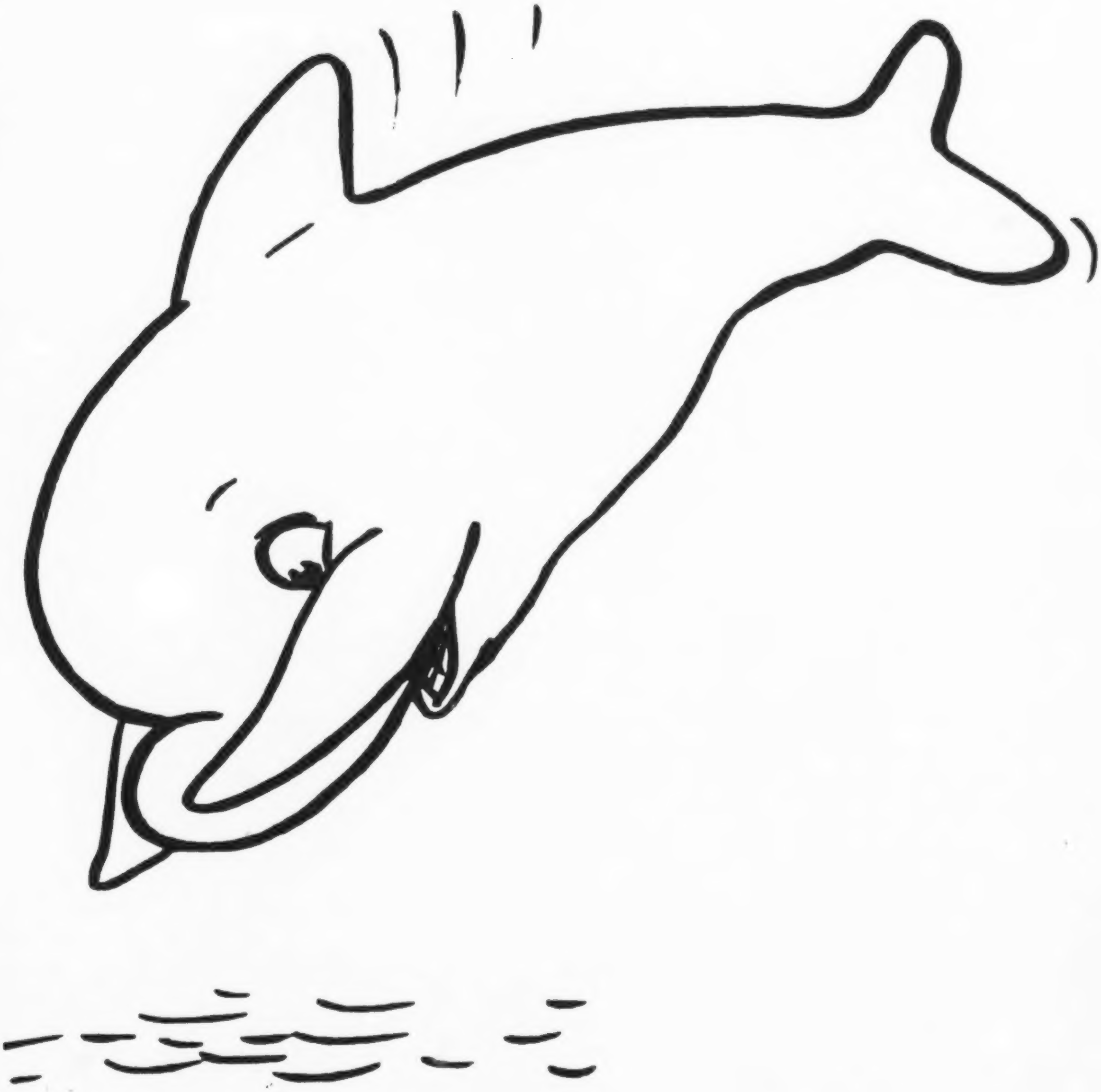
Wade in!

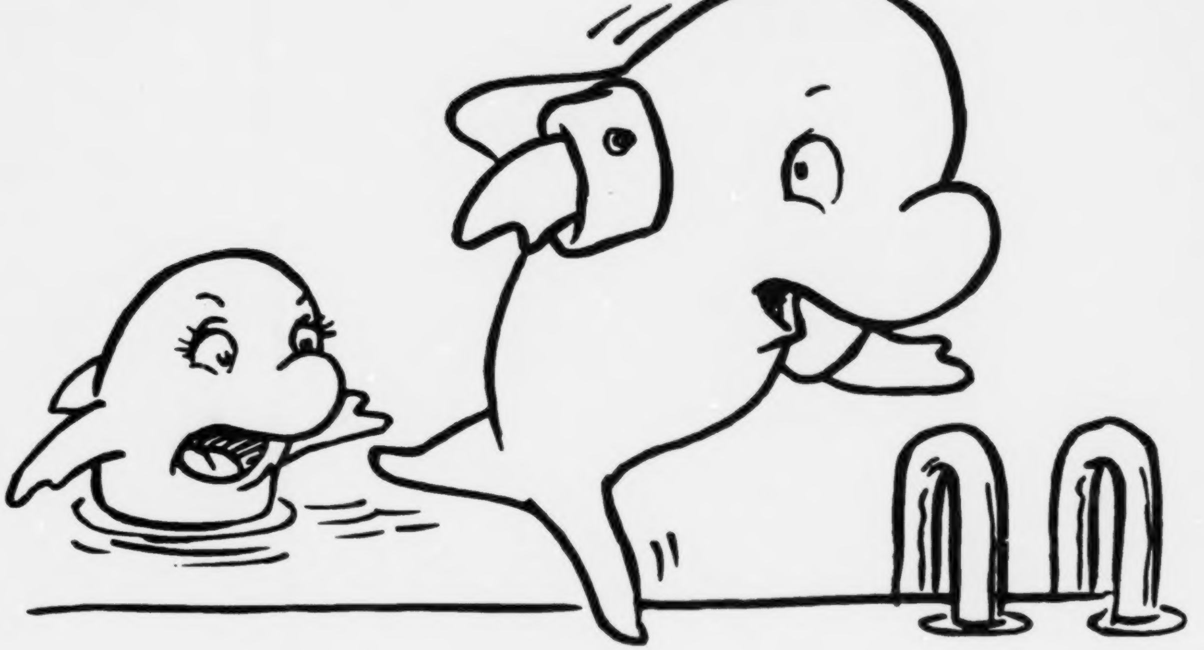




Check the bottom!

Arms over head!





No running!

ADDITIONAL RESOURCES

FILMS AND VIDEOTAPES

Films and videotapes have proven to be an excellent method of presenting ideas and reinforcing lessons in the classroom. Most films and videotapes on spinal cord and brain injury prevention, however, are geared toward junior and senior high school students. Listed below are the most popular films used by spinal cord and brain injury prevention programs throughout the country. Some of the films and tapes whose target audience is listed as junior and senior high school students may be appropriate for younger students as well. We have included ordering information in each description. In many cases, you may be able to rent or borrow the film or tape from local organizations. Check with the rehabilitation organization sponsoring this curriculum for more information, or call one of the organizations listed in the next section.

Each entry includes: (1) a picture label which represents the curriculum unit(s) emphasized in the film or tape (see legend below), (2) a brief description of the contents, (3) ordering information, (4) format, and (5) target audience.

Water Safety

Bike Safety

Violence Prevention

Falls and
Recreational/
Sports Safety

Motor Vehicle/
Pedestrian Safety

General
SCI/TBI Prevention

Before & After: The Toney Lineberry Story

Order From:
Toney and Donna Lineberry
581 Nelwood Place
Manakin-Sabot, VA 23104
(804) 749-3831
Cost: $105

Toney Lineberry, a professional consultant, travels throughout the country speaking on the importance of automobile safety in preventing spinal cord injury. Toney, who is a quadriplegic as a result of a car accident, presents slides of his life, relates the story of his accident, discusses its consequences, and stresses ways he could have prevented it. He discourages driving under hazardous conditions, and emphasizes the use of safety belts, refuting many common myths about their use. A question and answer period which follows his presentation is also shown.
Format: 1/2" VHS / 28 min.
Target Audience: Young adults

Chances

Order From:
Shepherd Spinal Center
2020 Peachtree Road, N.W.
Atlanta, GA 30309 (404) 352-2020 (ext. 179)
Cost: $50

This diving and water safety presentation was produced by the Shepherd Spinal Center in Atlanta, Georgia. Its main message is that taking chances in the water may lead to grave consequences. A dramatization of a diving accident is presented, along with basic demographic statistics and anatomy of the spinal cord. Several persons with quadriplegia recount their water-related accidents and how their lives have changed because they "took chances."
Format: 1/2" VHS or 3/4" 15 min. (1986)
Target Audience: Junior and senior high school students

Consequences

Order From:
University of Washington Press
Audio Visual Department
P. O. Box 50096
Seattle, WA 98145 (206) 543-8870
Cost: $110

This film is an overview of risk-taking behaviors and their possible consequences. Activities covered include hang gliding, trampolining, surfing, diving, skateboarding, mountain climbing, and skiing. Individuals who suffered spinal cord injuries while participating in these activities relate their stories. Prevention alternatives are offered for each situation. The message is "Be a free spirit...do it, but do it safely."
Format: 1/2" VHS / 10 min. (1978)
Target Audience: Junior and senior high school students

Crash Course
Order From:
KARE News 11
Community Relation Dept.
8811 Olson Memorial Highway
Minneapolis, MN
(612) 546-1111
Cost: No Charge for preview

Prevention of alcohol-related trauma injuries is the major focus of this video. Testimonies are given by persons with spinal cord and head injuries. The hazards of unsafe driving, particularly driving under the influence of alcohol, are emphasized.
Format: 1/2" VHS / 45 min. (1989)
Target Audience: Junior and senior high school students and young adults

Dive Right
Order From:
Canadian Sports Spine and Head Injury Research Centre
Toronto Western Hospital
399 Bathurst Street, Toronto
Ontario CANADA M5T 2S8 (416) 369-5890
Cost: $40

Geared to young children, this film depicts youngsters engaging in horseplay around a swimming pool, resulting in one young boy becoming spinal cord injured. Tips on pool safety and diving (at the lake and in the pool) are given. The young boy who was injured is given a "second chance" at the end of the film, but the message is that in real life, there are no second chances. The videotape has been previewed by students 7 to 14 years of age, with positive results.
Format: 1/2" VHS / 19 min. (1986)
Target Audience: Children 8 to 12 years of age

A Fine Line
Order From:
Stewart Rehabilitation Center
McKay-Dee Hospital
3939 Harrison Boulevard
Ogden, Utah 84409 (801) 625-2864
Cost: $305 (Classroom Kit)

The basic video in this classroom kit is a 17-minute presentation by young people injured in car accidents, most involving drugs and/or alcohol. The film graphically depicts life immediately following a spinal cord injury. Rehabilitation and psychological/social adjustments are also covered. The title of the presentation is based on the theme that "when young people think they're invincible, they often walk a fine line." The accompanying teacher's guide provides a lesson plan, group activities, discussion questions, and scripts to serve as a catalyst for further exploration of issues raised in the video.
Format: 1/2" VHS / 57 min. (2 tapes) (1985)
Target Audience: Junior and senior high school students

Harm's Way
Order From:
National Coordinator
National Head and Spinal Cord
Injury Prevention Program
22 South Washington Street
Park Ridge, IL 60068 (312) 692-9500
Cost: $35

This award-winning spinal cord injury prevention video by film maker Barry Corbet is the most popular classroom presentation of its type. Participants in the video are all young persons who have sustained either a head or spinal cord injury as a result of some risky activity. The film combines music and honest testimony about the thin line between exciting activity and injury-producing activity, with the message that we need not "place ourselves in harm's way."
Format: 1/2" VHS / 19 min. (1986)
Target Audience: Junior and senior high school students

Hey! New Wheels!
Order From:
Detroit Receiving Hospital and
University Health Center
261 Mack Boulevard
Detroit, MI 48201 (313) 745-9876
Cost: $20

This presentation uses wheelchairs for its "New Wheels" theme. Produced by the Southeastern Michigan Spinal Cord Injury System, the video makes a strong case against the "It won't happen to me" attitude which many teens hold toward spinal cord injury. Events following the occurrence of a spinal cord injury are covered, including emergency medical procedures, tracheotomy, halo brace, etc. Most causes of spinal cord injury are covered. The use of safety belts is emphasized, with a list of myths and facts about their use included at the end of the tape.
Format: 1/2" VHS / 12 min. (1985)
Target Audience: High school students

It'll Never Happen To Me
Order From:
Karen K. Heusel
Suite 325
3951 Snapfinger Parkway
Decatur, GA 30035 (404) 656-0960 or 1-800-342-9819
Cost: $30

TV broadcaster John Jeffers researches a story on safety belts which ends up changing his life. This film, aimed at the general public, destroys the myths and excuses for not wearing safety belts. A person with quadriplegia appears in this film. Due to the limited number of films available, a two week advance notice is required.
Format: 1/2" VHS / 22 min.
Target Audience: General public

It's Your Move
Order From:
Spinal Cord Injury Prevention Program
780 S.W. Marine Drive
Vancouver, BC Canada
V6P 5Y7 (604) 875-2222
Attn: Mary Ellen Lower
Cost: $25.00

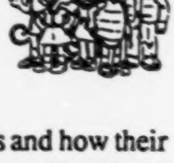
This video, produced by the Shaughnessy Hospital and the Canadian Paraplegic Association, BC Division, discusses the anatomy of the spine and describes causes and effects of spinal cord injury resulting from diving, skiing, and driving while intoxicated. Persons with paraplegia and quadriplegia relate their stories and advise against taking chances.

Format: 1/2" VHS / 10 min. (1989)
Target Audience: Junior and senior high school students

Learning How To Dive Safely
Order From:
National Swimming Pool Foundation
10803 Gulfdale, Suite 300
San Antonio, TX 78216 (512) 525-1227
Cost: $15.20

This diving safety video, produced by the National Swimming Pool Foundation, is narrated by film star Patrick Wayne and features World and Olympic diving champion Greg Louganis and U.S. Olympic diving coach Ron O'Brien. Both Louganis and O'Brien give tips on safe diving in swimming pools, with divers demonstrating safe and unsafe dives. Very specific rules for diving safety are stressed throughout and are listed at the end of the film.

Format: 1/2" VHS / 11 min.
Target Audience: Junior and senior high school students



A Matter Of Seconds
Order From:
Immanuel Rehabilitation Center
6901 North 72nd Street
Omaha, NE 68122 (402) 572-2295
Cost: $25

Young people who have sustained head or spinal cord injuries discuss their accidents and how their lives have changed. Their stories include injuries resulting from car accidents, violence (gunshot), drugs and alcohol, diving, biking, and other sports accidents. The video is produced by the Immanuel Rehabilitation Center and the Nebraska Department of Education's Division of Rehabilitation Services.

Format: 1/2" VHS / 11 min. (1986)
Target Audience: Junior and senior high school students

Project Wipeout

Order From:
Hoag Hospital
302 Newport Boulevard
Newport, CA 92658-8912 (714) 645-8600
ATTN: Human Resources -- Project Wipe Out
Cost: $25

This is the story of one young man who becomes spinal cord injured after diving head first into shallow water at the beach. Portrayed in great detail by actors, his story covers the injury, emergency medical procedures, acute care, and rehabilitation. The film, produced by Hoag Hospital, is a very realistic portrayal of the events following injury, as well as the emotions experienced by both the victim and his family. Surfing and diving safety is addressed at the end of the film.

Format: 1/2" VHS / 30 min. (1986)
Target Audience: Junior and senior high school students

Reflections

Order From:
National Coordinator
National Head and
Spinal Cord Injury Prevention Program
22 South Washington Street
Park Ridge, IL 60068 (312) 692-9500
Cost: $40

"Reflections" is a shortened version of the American Association of Neurological Surgeons/ Congress of Neurological Surgeons film "Harm's Way." For more information, see the description and ordering information under "Harms Way."

Format: 1/2" VHS / 10 min. (1989)
Target Audience: Junior and senior high school students

Smart Hockey With Mike Bossy

Order From:
Canadian Sports Spine and Head Injuries Research Centre
Toronto Western Hospital
Division of Neurosurgery
399 Bathurst Street, Toronto
Ontario, Canada M5T 2S8 (416) 369-5890
Cost: $20

This video stars Mike Bossy, a former NHL star, and presents seven tips that will assist hockey players in avoiding serious injuries, especially spinal cord injuries, caused by checking from behind. A brochure, "Neck and Spine Conditioning for Hockey Players," is enclosed with each video.

Format: 1/2" VHS / 14 min. (1988)
Target Audience: Hockey players, coaches, trainers, and parents

Spinal Injury Management
Order From:
American Red Cross (local chapter)
Cost: $50

This American Red Cross training video is used in conjunction with water safety training courses taught by the American Red Cross Chapters. The tape begins with a thorough review of the spine's function and form. Although primary spinal injury prevention is covered, the film's main emphasis is on secondary prevention. Topics covered include spine stabilization techniques, rescue breathing, and removing an injury victim from the water.
Format: 1/2" VHS / 26 min. (#329328) (1988)
Target Audience: Junior and senior high school students

The Time It Takes
Order From:
Shepherd Spinal Center
2020 Peachtree Road, N.W.
Atlanta, GA 30309 (404) 352-2020, Ext. 179
Cost: $50

This video, produced by the Shepherd Spinal Center in Atlanta, Georgia, emphasizes the use of safety belts. Testimonials of four young persons with spinal cord injury are presented; none were wearing safety belts at the time of their accidents. Myths about safety belts are addressed in a question and answer format.
Format: 1/2" VHS / 12 min. (1985)
Target Audience: Junior and senior high school students

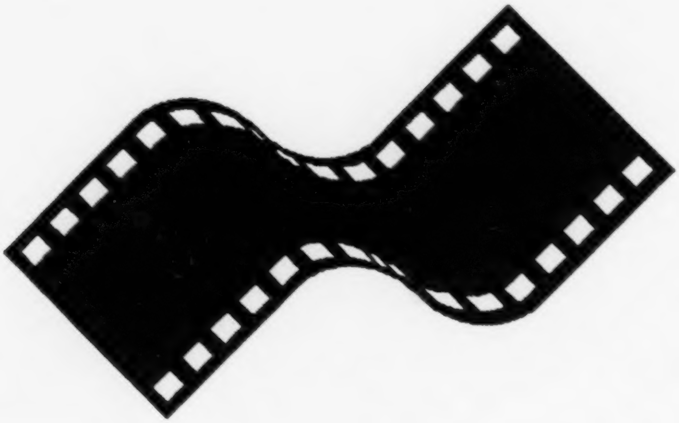
The Toney Lineberry Story: Always A Champion
Order From:
581 Nelwood Place
Manakin-Sabot, VA 23103 (804) 749-3831
ATTN: Toney Lineberry
Cost: To be determined

This new video deals with the personal trauma that an automobile accident inflicts on a victim, his family, and community. The video also includes the highway safety message that Toney carries throughout the country.
Format: 1/2" VHS / 18 min. (1989)
Target Audience: High school students

Wasted Dreams
Order From:
Detroit Receiving Hospital and
University Health Center
261 Mack Boulevard
Detroit, MI 48201 (313) 745-9876
Cost: $25

This video is produced by the Southeastern Michigan Spinal Cord Injury System, the Rehabilitation Institute, and the University Health Center in the Detroit Medical Center. Six persons with spinal cord injury, all wounded by gunshots, graphically relate their accidents and how they could have avoided them. The reaction of many victims of violence is that they were in the wrong place at the wrong time. This video's message is that you need not put yourself in the wrong place at the wrong time.

Format: 1/2" VHS / 27 min. (1988)
Target Audience: Junior and senior high school students, general population



NATIONAL PROGRAMS

There are many organizations across the country which have information and/or materials that may be useful to you when presenting this curriculum. If you would like to supplement curriculum activities or would like more information on spinal cord and brain injury, contact the curriculum's sponsoring institution or one of the organizations listed below.

American Academy of Pediatrics
The Injury Prevention Program (TIPP)
141 Northwest Point Boulevard
P.O. Box 927
Elk Grove Village, IL 60009-0927
(312) 228-5005
ATTN: Donald Schiff, M.D., F.A.A.P.
The Injury Prevention Program (TIPP), initiated in 1983, is an educational program for parents of children newborn through 12 years to help prevent injuries from motor vehicles, pedestrian hazards, bicycles, fire in the home, scalds, falls, and poisoning. TIPP provides a systematic method for pediatricians to counsel parents and children about adopting injury prevention behaviors. After parents have filled out a safety survey in the pediatrician's reception room, the pediatrician counsels the child and parent using guidelines prompted by at risk answers.
Materials: A package of materials consisting of safety surveys and safety information sheets for use in providing anticipatory guidance to parents and children
Target Population: Children newborn through 12 years and their parents

American Association of Neurological Surgeons/Congress of Neurological Surgeons (AANS/CNS)
National Head and Spinal Cord Injury Prevention Program
22 S. Washington Street
Park Ridge, IL 60068
(312) 692-9500
ATTN: Louise S. Miller, National Coordinator
The American Association of Neurological Surgeons/Congress of Neurological Surgeons (AANS/CNS) program is the standard model for most head and spinal cord injury prevention programs nationwide. The National Program is the product of two ongoing model educational programs: "Feet First First Time" at West Florida Regional Medical Center, and "Head and Spinal Cord Injury Prevention" at the University of Missouri-Columbia (see listings under those states). The AANS/CNS program is designed to make the public, especially those young people most vulnerable to injury, aware of the causes and results of injuries to the head and spinal cord and the prevention of these injuries. A more detailed description of the model program is contained in the introduction to this directory.
Materials: Instruction guide, slides, film "Harm's Way," model educational centers, Prevention Pages newsletter
Target Population: Young people, individuals and organizations involved with head and spinal cord injury prevention

American Red Cross
The American Red Cross Spinal Injury Management Program
Health and Safety Operations Headquarters:

Eastern	*Midwestern*	*Western*
615 St. Asaph Street	10195 Corporate Square	1870 Ogden Drive P.O. Box 909
Alexandria, VA 22314	St. Louis, MO 63132	Burlingame, CA 94010
(703) 838-8818	(314) 997-3130	(415) 692-5201

American Red Cross Spinal Injury Management is not a single program, but is contained in the following American Red Cross courses and publications: American Red Cross Basic Water Safety, Emergency Water Safety, Safety Training for Swim Coaches, and Lifeguard Training. The goal is to train individuals in the prevention and management of spinal injuries.

Materials: Audiovisual and written materials: American Red Cross Basic Water Safety (Stock #329312); American Red Cross Emergency Water Safety (Stock #329313); American Red Cross Safety Training for Swim Coaches (Stock #329449); American Red Cross Lifeguard Training Supplement (Stock #329448); American Red Cross Spinal Injury Management videotape (Stock #329328)

Target Population: All participants in American Red Cross programs, from young children through lifeguards

American Trauma Society
Tommy Trauma Health Safety Program
1400 Mercantile Lane, Suite 188
Landover, MD 20785
(301) 925-8811; 1-800-556-7890
ATTN: Cink DeVeas, Executive Director

The Tommy Trauma Health Safety Program is a thirty minute videocassette designed for elementary school children through the third grade. The objectives are to familiarize children with trauma and the processes that occur when an injury happens. Children are taught basic principles of prevention, how to recognize a serious injury, and how to get help. In addition, the program familiarizes children with the roles of the police, paramedics, ambulances, physicians, and hospitals in an effort to minimize fear of these entities.

Materials: Available for purchase: videotape (three chapters), instructor's guide, poster, coloring books, and badges (the videotape is available for preview)

Target Population: Elementary school children K-3

Aquatic Injury Safety Foundation
1555 Penobscot Building
Detroit, MI 48226
(313) 963-1600; 1-800-342-0330
ATTN: Ronald R. Gilbert, Chairman

The Aquatic Injury Safety Foundation, established in 1988, is a national, non-profit safe diving educational organization dedicated to reducing the number of diving injuries, drownings, and near-drownings. The Foundation uses the format of the "Feet First First Time" program and disseminates free sample "No Diving" signs and "Diving is Deadly" brochures for use in various

aquatic areas. One of the Foundation's goals is to establish a Minimum Safe Diving Depth in cooperation with the American Red Cross and other safety groups. The Foundation also seeks mandatory education for aquatic safety and spinal cord injury prevention in elementary school systems.
Materials: Those of other aquatic safety groups, including the American Red Cross; film "Harm's Way"
Target Population: Young male divers

Foundation for Spinal Cord Injury Prevention
SCI Prevention Program
1555 Penobscot Building
Detroit, MI 48226
(313) 963-1600 (MI), 1-800-342-0330 (USA)
ATTN: Ronald R. Gilbert, Founder
The Foundation for Spinal Cord Injury Prevention works to provide coordination and networking of spinal cord injury prevention groups around the country. In addition, the Foundation is working on public service announcements, a mandatory education program, and mandatory spinal cord injury reporting bills. This organization also provides information and prevention materials to interested groups and individuals, and is currently working on a directory of prevention materials.
Materials: Numerous films, an information clearinghouse
Target Population: Groups and individuals interested in spinal cord injury prevention

National Coalition to Prevent Childhood Injury
National Safe Kids Campaign
Children's Hospital Medical Center
111 Michigan Avenue, NW
Washington, DC 20010
(202) 939-4993
ATTN: Susan Farrall
The National Coalition to Prevent Childhood Injury is an organized network consisting of medical and safety organizations, children's advocates, business people, government leaders, and teachers who have united to make a difference in how we protect our children. The organization is tackling the complex problem of childhood injury prevention from several different angles, including uniting diverse groups, developing educational programs, initiating public policy changes, and raising awareness through the media. The Coalition also carries on a community bicycle helmet campaign for children.
Materials: Numerous materials including a leader's manual, bicycle strategy guide, newsletters, video "The Official Kids Safety Quiz,"
Target Population: Children and parents, legislators, etc.

National Head Injury Foundation, Inc.
Head Injury Prevention (Corporate Safety Belt Program, etc.)
333 Turnpike Road
Southborough, MA 01772
(508) 485-9950, Family Help Line 1-800-444-NHIF
ATTN: Heidi Hansen McCrory, Director of Public Affairs
The NHIF's employee education programs for corporations and businesses are currently some of the most effective programs for increasing belt use, both on and off the job. Consequently, NHIF is focusing its efforts on these programs.
Materials: An information clearinghouse for fact sheets, articles, and other educational materials, including manuals for corporate safety belt campaigns.
Target Population: Motor vehicle riders, business managers/employers

National Highway Traffic Safety Administration
400 Seventh Street S.W.
Washington, D.C. 20590
Auto Safety Hotline 1-800-424-9393 (Wash. D.C. area 366-0123)
ATTN: Nancy Rubenson, Highway Safety Specialist, Program Development & Planning Division, Office of Occupant Protection
There are several offices within the National Highway Traffic Safety Administration that may be helpful to persons interested in preventing spinal cord injury. The National Center for Statistics and Analysis, NRD-30, collects, analyzes, and reports data on serious and fatal highway crashes. The Office of Enforcement and Emergency Services, NTS-40, offers training programs for enforcement and EMS personnel. The Office of Alcohol and State Programs, NTS-20, develops programs to promote sober driving and prevent pedestrian, bicycle, school bus, and motorcycle accidents. The Office of Occupant Protection, NTS-10, develops programs to increase the use of motor vehicle occupant protection devices such as safety belts, air bags, and child safety seats.
Materials: Fatal Accident Reporting System and National Accident Sampling System Annual Reports; Occupant Protection Facts; Drunk Driving Facts; National EMS Week Idea Sampler, "Your Time to Shine;" "The Community & Law Enforcement: Teaming Up to Save Lives;" National Drunk and Drugged Driving Week Idea Sampler; National Child Passenger Safety Awareness Week Idea Sampler; National Buckle-Up America Week Idea Sampler
Target Population: Persons interested in highway safety

National Safety Council
Back Injury and Motor Vehicle Safety
444 North Michigan Avenue
Chicago, IL 60611-3991
(312) 527-4800
ATTN: Bob O'Brien, Director, Public Relations
Founded in 1913, the mission of the National Safety Council is to educate and influence society to adopt safety and health policies, practices, and procedures that prevent and mitigate human and economic losses arising from accidental causes. While the Council does not conduct a specific program in spinal cord injury prevention, various safety education materials are available. The

Council also operates a Safety and Health Library with extensive database capability.
Materials: Videos, booklets, reference manual, and press releases
Target Population: General public/safety and health personnel

National Spinal Cord Injury Association
Spinal Cord Injury Public Education Program
600 West Cummings Park
Suite 2000
Woburn, MA 01801
(617) 935-2722; **National Information Line 1-800-962-9629**
ATTN: Mark Odum
The National Spinal Cord Injury Association is a consumer-based membership organization whose purpose is to address the needs of persons with spinal cord injury or disease. At the national level, the Association conducts programs in the areas of research and services. A Prevention Committee within the Association is active in implementing a program of public education that focuses on prevention of spinal cord injury and abilities of individuals who have been paralyzed as a result of spinal cord injury. A list of the 30 local chapters can be obtained by writing to the Association's national office. The program was begun in 1948 by the Paralyzed Veterans of America.
Materials: Fact sheets on spinal cord injury, posters on diving and skateboarding safety, brochures on safe diving, publications including the National Resource Directory for persons with spinal cord injury and other physical disabilities
Target Population: Person with spinal cord injury or interested in spinal cord injury prevention

Recreation Safety Institute
Spinal Cord Injury Prevention Program
P.O. Box 392
Ronkonkoma, NY 11779
(516) 563-4806
ATTN: Arthur H. Mittelstaedt, Jr., Ed.D., Administrator
Established in 1986, this program promotes an awareness of safe play on playgrounds via a teachers' workbook complete with illustrations, overhead acetates and coloring pages, plus instructions for classroom projects. The objectives of the program are to provide familiarity with the proper uses of playground equipment and warning/prohibition signs.
Materials: "I PLAY SAFE" teacher's guide with acetates for overhead projector
Target Population: Preschool and elementary school children

United States Diving Inc.
U.S. Diving Safety Certification
Safety and Development
Pan American Plaza
201 S. Capitol Avenue, Suite 430
Indianapolis, IN 46225
(317) 237-5252
ATTN: Janet L. Gabriel, Director of Education, Safety, and Development
The U.S. Diving Safety Certification Course and Exam for competitive diving coaches/instructors, officials, administrators, pool supervisors, and pool designers is designed to enhance safety awareness in the sport of competitive diving. This program emphasizes philosophy of safety awareness, legal and medical responsibilities, environmental safety factors, performer readiness, skill progressions, spotting safety, trampoline, spinal cord injury prevention for both recreational swimmers and competitive divers, and education materials and resources.
Materials: "U.S. Diving Safety Manual" and "Diving Safety, A Position Paper"
Target Population: Children through 19 years of age, senior and master's coaches and officials

United States Lifesaving Association (USLA)
United States Lifesaving Association
425 E. McFetridge Drive
Chicago, IL 60605
(312) 294-2333
ATTN: Ray Colonna, Executive Director
The USLA is a professional nonprofit organization of lifeguards from throughout the United States. There are seven regions and 271 chapters. Each chapter is unique in its prevention presentation which is based on the geographic area water levels and problems. The presentations are 30-45 minutes and address water, beach and skin safety, and spinal cord injury prevention as it relates to diving and surfing.
Materials: USLA coloring book, Teddy Ruxpin (presentation for younger children), slides, "Project Wipeout" materials
Target Population: Preschool through high school

SPINAL CORD INJURY CARE SYSTEMS

There are currently 13 model regional spinal cord injury care systems across the country. These systems, funded by the National Institute on Disability and Rehabilitation Research (NIDRR), offer a coordinated system of care from emergency medical services through acute care, rehabilitation, and lifetime follow-up.

Georgia Regional Spinal Cord Injury System
Shepherd Center for Treatment of Spinal Injuries
2020 Peachtree Road, North West
Atlanta, GA 30309
(404) 352-2575

Midwest Regional Spinal Cord Injury Care System
Northwestern Univ. Med. Center
Northwestern Memorial Hospital
250 East Chicago Avenue, Suite 619
Chicago, IL 60611
(312) 908-3425

Mt. Sinai Spinal Cord Injury Model System
Mount Sinai School of Medicine
One Gustave Levy Place
Box 1240
New York, NY 10029
(212) 241-9657

Northern California Spinal Cord Injury Care System
Santa Clara Valley Medical Center
751 South Bascom Avenue
San Jose, CA 95128
(408) 299-5643

Northern New Jersey Spinal Cord Injury System
Kessler Institute for Rehabilitation, Inc.
1199 Pleasant Valley Way
West Orange, NJ 07052
(201) 731-3600, ext. 250

Northwest Regional Spinal Cord Injury System
University of Washington, Rehabilitation Medicine
BB 919 Health Science Bldg.
1959 N.E. Pacific Street
Seattle, WA 98195
(206) 543-3600

Regional Spinal Cord Injury Center -Delaware Valley
Thomas Jefferson Hosp/Spinal Cord Center
111 South 11th Street
Philadelphia, PA 19107
(215) 928-6573

Regional Spinal Cord Injury Care System of Southern California
Rancho Los Amigos Hospital
7601 East Imperial Highway-Harriman Bldg., 121
Downey, CA 90242
(213) 940-7167

Rocky Mountain Regional Spinal Cord Injury System
Craig Hospital
3425 South Clarkson Street
Englewood, CO 80110
(303) 789-8220

Southeast Michigan Spinal Cord Injury System
Rehab. Institute of Detroit SCI Unit
Wayne State University
261 Mack Boulevard
Detroit, MI 48201
(313) 745-9731

Texas Regional Spinal Cord Injury System
The Institute for Rehab. and Research
Texas Medical Center
1333 Moursund Avenue
Houston, TX 77030
(713) 797-5910

University of Alabama at Birmingham (UAB) Spinal Cord Injury Care System
SRC Room 530
UAB Station
Birmingham, AL 35294
(205) 934-3334

University of Michigan Model Spinal Cord Injury System
300 North Ingalls Bldg.
NI-2A09-0491
Ann Arbor, MI 48109-0491
(313) 745-9731

The UAB Spinal Cord Injury Care System serves as the national repository of data collected by these 13 systems. These data are managed in the National Spinal Cord Injury Statistical Center (NSCISC). In 1986, UAB published Spinal Cord Injury: The Facts and Figures, which presents statistics based on the data in the NSCISC database. For further information or to purchase this book, contact: **The National Spinal Cord Injury Statistical Center (NSCISC)**, University of Alabama at Birmingham, SRC Room 547, UAB Station, Birmingham, AL 35294, (205) 934-3320.

TRAUMATIC BRAIN INJURY CARE SYSTEMS

There are five model regional traumatic brain injury care systems in the U.S. Like the SCI Care Systems, they are funded by the National Institute on Disability and Rehabilitation Research and offer a coordinated system of care for persons with traumatic brain injuries.

Comprehensive Model of Research and Rehabilitation for the Traumatically Brain Injured
Virginia Commonwealth University
Medical College of Virginia
Box 568 MCV Station
Richmond, VA 23298
(804) 786-0200

Comprehensive System of Care for Traumatic Brain Injury
Institute for Medical Research
Santa Clara County
2260 Clove St.
San Jose, CA 95128
(408) 299=5641

Model Project for Comprehensive Rehabilitation Services to Individuals with Traumatic Brain Injury
Mt. Sinai Medical Center
School of Medicine
One Gustave L. Levy Place
New York, NY 10029
(212) 241-9657

Model System for Minimizing Disability After Head Injury
Institute for Rehabilitation and Research
1333 Moursund Ave.
Houston, TX 77030
(713) 797-5731

Southeastern Michigan Traumatic Brain Injury System
Wayne State University
Department of Neurology
Detroit, MI 48202
(313) 745-2294

INJURY PREVENTION RESEARCH CENTERS

Injury Prevention Research Centers (IPRCs) were established by the Centers for Disease Control (CDC) to develop a comprehensive approach to the nation's injury problem. Objectives of these centers include integrating aspects of various disciplines (medicine, engineering, social sciences, rehabilitation, etc.), supporting research, evaluating intervention techniques, and making this expertise available for injury prevention, surveillance, and control. There are currently seven IPRCs:

Harvard University
Injury Prevention Research Center
Department of Health Policy and Management
Health Service of Public Health
677 Huntington Avenue
Boston, MA 02115
(617) 732-1090

Johns Hopkins University
Injury Prevention Research Center
School of Hygiene and Public Health
Fifth Floor
624 N. Broadway
Baltimore, MD 21205
(315) 955-3995

University of Alabama at Birmingham (UAB)
Injury Prevention Research Center
THT 433
UAB Station
Birmingham, AL 35294
(205) 934-7845

University of California – Los Angeles
Injury Prevention Research Center
School of Public Health, Room 76-078
University of California
Los Angeles, CA 90024-1772
(213) 825-7066

University of California – San Francisco
Injury Prevention Research Center
Ward 3A
1001 Potrero Avenue
San Francisco, CA 94110
(415) 821-8818

University of North Carolina – Chapel Hill
Injury Prevention Research Center
School of Public Health
Rosenau Hall, CB 7400
Chapel Hill, NC 27599-7400
(919) 966-3916

University of Washington
Harborview Injury Prevention Research Center
633 Yesler Way, Suite 32
Seattle, WA 98104
(206) 223-3408

RESEARCH AND TRAINING CENTERS

Rehabilitation Research and Training Centers, funded by the National Institute on Disability and Rehabilitation Research, conduct coordinated programs of rehabilitation research, provide training to research and other rehabilitation personnel, and assist individuals in providing rehabilitation services. There are four centers involved in some aspect of spinal cord injury care and four centers involved in traumatic brain injury care:

Community Oriented Services for Persons with Spinal Cord Injury
Baylor College of Medicine and The Institute for Rehabilitation and Research
1333 Moursund Ave.
Houston, TX 77030
(713) 799-7011

Neural Recovery and Functional Enhancement (Spinal Cord Injury)
Jefferson Medical College
Thomas Jefferson University
111 South 11th St., Suite 9605
Philadelphia, PA 19107
(215) 928-6573

Prevention and Treatment of Secondary Complications of Spinal Cord Injury
Rehabilitation Institute of Chicago
345 East Superior St.
Chicago, IL 60611
(312) 908-6017

Prevention and Treatment of Secondary Complications of Spinal Cord Injury
University of Alabama at Birmingham
Department of Rehabilitation Medicine
SRC 530
UAB Station
Birmingham, AL 35294
(205) 934-3334

Community Integration of Persons with Traumatic Brain Injury
State University of New York/Buffalo
197 Farber Hall, 3435 Main St.
Buffalo, NY 14214

Rehabilitation of Traumatic Brain Injury and Stroke
New York University Medical Center
Department of Physical Medicine
550 First Ave.
New York, NY 10016
(212) 340-6161

Severe Traumatic Brain Injury
Virginia Commonwealth University
Medical College of Virginia
Box 568 MCV Station
Richmond, VA 23298
(804) 786-0200

Traumatic Brain Injury
Unversity of Washington
Department of Rehabilitation Medicine
BB919 Health Sciences Bldg.
Seattle, WA 98195
(206) 543-6766

COMPREHENSIVE HEAD INJURY PREVENTION AND REHABILITATION CENTERS

The Rehabilitation Services Administration in the Department of Education has provided funding for the initiation of a system of regional (multi-state) comprehensive head injury prevention and rehabilitation centers. The four established centers are:

Comprehensive Regional TBI Center
Mt. Sinai Medical Center
1 Gustave Levy Place
New York, NY 10029
(212) 241-7917

Midwest Regional Head Injury Center
Rehabilitation Institute of Chicago
345 East Superior
Chicago, IL 60611
(312) 908-8785

Rocky Mountain Regional Head Injury Center
Colorado Rehabilitation Services
1575 Sherman St., 4th Floor
Denver, CO 80203
(303) 331-8367

Southwest Regional Comprehensive Brain Injury Center
The Institute for Rehabilitation and Research
1333 Moursund Avenue
Houston, TX 77030
(713) 666-7323

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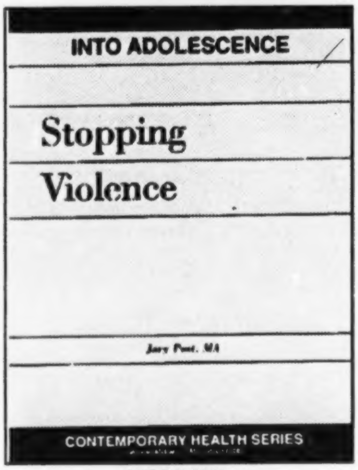
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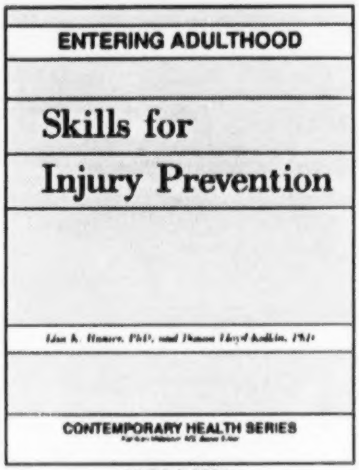
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